



P.O.Box 30010, Laguna Niguel, CA 92607
 (800) 237-8647 • (800) 237-0372 (Outside CA)

Dr. _____

Address _____

Zip _____

Patient _____

Date Shipped to PAR _____

Date Required _____

- SPLINTS*:** Upper Lower *must include wax bite
- Flat Occlusal Plane
 - Occlusal Plane with Cuspid Rise
 - Anterior Repositioning
 - Gelb Splint (Mora)
 - Starnes Orthotic (Tripod support allows cuspids and bicuspids to passively erupt)

TWIN BLOCK

- Standard Design
- To Open Bite
- To Close Bite
- Other _____

BIONATOR

- To Open Bite
- To Close Bite
- Neutral

ORTHOPEDIC CORRECTOR

- To Open Bite
- To Close Bite
- Other _____

SAGITTAL

- Upper
- Lower
- Class III

SCHWARZ

- Upper Fan Type
- With Occlusal Coverage
- Lower

JACKSON

- Upper
- Lower

FRANKEL

- FR I FR II FR III FR IV
- Other _____

SPLINT/FUNCTIONAL Rx

HERBST®*

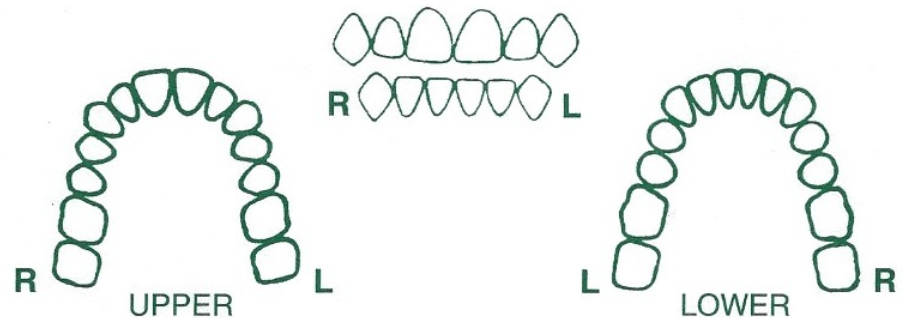
- PAR's Standard Herbst®
(includes Lingual Arch, TPA, Hex Kit)
- PAR's Cantilever Design
(includes Lingual Arch, TPA, Rests & Hex Kit)
 - Dentaurem Herbst® (hex screws)
 - Mini-Scope
- Rollo Bands
- Acrylic Bonded
- Crowns
- Combination

* Herbst is a registered trademark of Dentaurem, Inc.

PLEASE WRITE SPECIAL INSTRUCTIONS:

PLEASE DIAGRAM SPECIAL INSTRUCTIONS:

INDICATE DENTAL MIDLINES



OPTIONS AVAILABLE:

ACRYLIC

- Clear Pink Tint
- Other Color # _____

EXPANSION SCREWS

- Midline Sagittal
- Not Required

PLEASE SEND ADDITIONAL SUPPLIES:

- Boxes Rx Forms Other _____

| |
|--------------|
| Lab use only |
| BIO |
| OC |
| SAG |
| SCH |
| FR |
| HER |
| OTHER |
| SC |

White & Yellow: Laboratory Copy • Pink: Doctor's Copy