



# macono ortho lab

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Dr: \_\_\_\_\_ Ph: \_\_\_\_\_  
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City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Email: \_\_\_\_\_

**ISSUE DATE:**  
1-2 days before

**TIME:**

**PLS PHONE  
SURGERY:**

## Metal Rx

### U/- Rapid Palatal Expanders

- ☐ Standard 4 Arms  
☐ Superscrew 4 Arms  
☐ Mini 2 Arms  
☐ Acrylic Bonded  
☐ Haas

Rests \_\_\_\_\_

RPHG \_\_\_\_\_

Lap Springs \_\_\_\_\_

### Quadhelix

- ☐ Upper ☐ Lower  
☐ Bihelix

### Bands

- ☐ Stainless Steel ☐ Rollo  
☐ Tubes Size \_\_\_\_\_

### Habit Appliance

- ☐ Palatal Crib Only  
☐ Vertical Crib Only (lower required)  
☐ Both Crib (lower req)  
☐ Blue Grass Roller (tongue trainer)  
☐ Hayrake (palatal with spurs)

### Other Metal Appliances

- ☐ W Arch ☐ TMA  
☐ Nance ☐ Transpalatal Arch  
☐ Fast Back ☐ Transforce  
☐ Distal Jet ☐ Space Maintainer  
☐ Lingual Arch Soldered 6 - 6  
☐ Lingual Arch w` Adjustment Loops

### Crozat

- ☐ Upper ☐ Lower

## Herbst Frame Work Rx

- ☐ Type I – Cantilever  
– U/L Archtubes,  
lingual arch and rests

### Bands

- ☐ Rollo Bands  
☐ Stainless Steel  
☐ Combination  
☐ Please Fit  
☐ Bands supplied by surgery

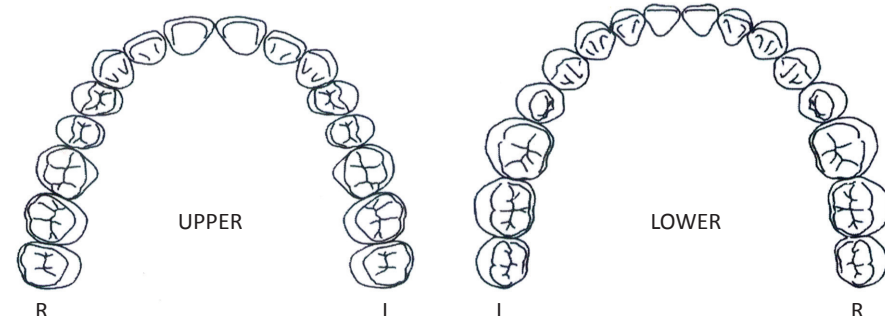
### Accessories

- ☐ Super Screw ☐ Hyrax  
☐ TPA

Archwire Tubes

Rests on U/- \_\_\_\_\_

Rests on -/L \_\_\_\_\_



## Special Instructions

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Office Use: ☐ Received ☐ Scanned ☐ Printed ☐ Wire ☐ Trim ☐ Check