

DOCTOR: _____ LICENSE #: _____

ADDRESS: _____ PHONE: (_____) _____

CITY: _____ STATE: _____ ZIP: _____

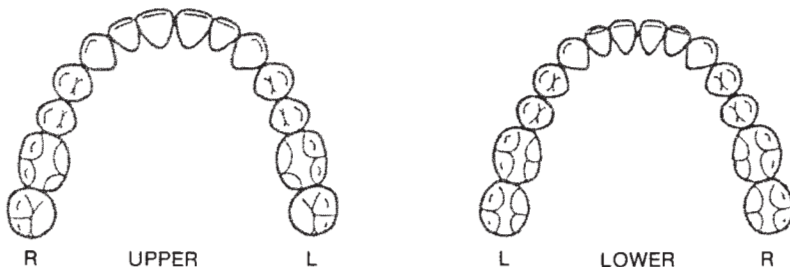
PATIENT: _____

DATE SHIPPED: _____

SIGNATURE: _____

DATE NEEDED: _____

***HERBST® PRESCRIPTION**



STANDARD WAX BITE REGISTRATION REQUIREMENT:

MANDIBULAR ADVANCEMENT: APPROX. 3MM
 VERTICAL OPENING: APPROX. 2-3MM

DESIGN ALTERNATIVES:

- BANDED UPPER/BANDED LOWER
- BANDED UPPER/ACRYLIC LOWER
- ACRYLIC UPPER/BANDED LOWER
- ACRYLIC UPPER/ACRYLIC LOWER

ACRYLIC COVERAGE ALTERNATIVES:

LINGUAL EXTENSIONS ON CUSPIDS (BONDED TECHNIQUE)
 UPPER LOWER

FULL CUSPID COVERAGE (REMOVABLE TECHNIQUE)
 UPPER LOWER

FULL OCCLUSAL COVERAGE INCL./ INCISAL CAP
 (REMOVABLE TECHNIQUE)
 UPPER LOWER

BANDED MODEL(S) ENCLOSED

BANDS PROVIDED BY LABORATORY

AUXILIARIES:

BUCCAL TUBES

- .018 X .025
- .022 X .028

HEADGEAR TUBES

- .036
- .040
- .045

RAPID PALATAL EXPANDER

SPECIAL INSTRUCTIONS: _____

PLEASE SEND: BOXES LABELS FRÄNKEL RX
 FUNCTIONAL RX REMOVABLE/FIXED/STUDY MODEL RX HERBST®

*HERBST® IS A REGISTERED TRADEMARK OF DENTAURUM INC., NEWTOWN, PA.