


Allesee Orthodontic Appliances
COMMUNICATION CENTER
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AOA Wisconsin

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AOA Connecticut

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 Fax 860-741-7655

AOA California

 341 E. First Street
 Calexico, CA 92231
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INTERNATIONAL # 262-886-1050

Hawley

-
- Upper
-
-
- Lower

QCM Hawley

-
- Upper
-
-
- Lower

Ricketts Labial bow

-
- Upper
-
-
- Lower

Clasps

-
- Upper
-
- Lower
-
-
- Ball Clasps
-
-
- Adams Clasps
-
-
- "C" Clasps
-
-
- Sage Clasps
-
-
- Dunn Clasps
-
-
- Soldered "C"
-
- to Bicuspid

Wraparound Hawley

-
- Upper
-
-
- Lower

 Wraparound Soldered
 to Clasps

-
- Adams
-
-
- "C" Clasps

Options

-
- Flat wire bow
-
- Stabilizer wires - Between
-
-
- 2-3
-
- 3-4
-
- 4-5
-
- Alternate round wire sizes
-
-
- .028
-
- .030
-
- .036

Spring Retainers

- | | | |
|--------------------------------------|--------------------------------|--------------------------------|
| Standard Retainer (Cuspid to Cuspid) | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Spring Retainer with Wire Extensions | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Modified Design (Hawley/Spring) | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Modified Design with Helix Coils | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Modified Design with Mushroom Spring | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Super Modified (Hawley/Spring) | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Pro-Active Series I | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Pro-Active Series II | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Pro-Active Series III | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |

Reset teeth - indicate on diagram

- | | | |
|--|-------------------------------|---|
| <input type="checkbox"/> Do Not Reset | <u> 2 1</u> <u> 1 2</u> | <input type="checkbox"/> Strip contacts |
| <input type="checkbox"/> Reset as Feasible | <u> 2 1</u> <u> 1 2</u> | <input type="checkbox"/> Strip all contacts |
| <input type="checkbox"/> Reset Ideal | | <input type="checkbox"/> No Stripping |

Adaptor

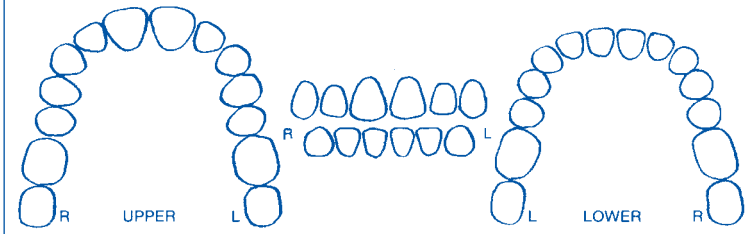
- | | | |
|--------------------------------|---|--------------------------------|
| Standard Adaptor with Alastiks | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Adaptor with NiTi Coil Springs | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| Reset | <u> 7 6 5 4 3 2 1</u> <u> 1 2 3 4 5 6 7</u> | |
| | <u> 7 6 5 4 3 2 1</u> <u> 1 2 3 4 5 6 7</u> | |

- PLEASE SHIP EXTRA:
-
-
- SHIPPING BOXES
-
-
- PRE-PAID BAGS
-
-
- PRESCRIPTION SHEETS

Lab Use Only

3	2	1	1	2	3
3	2	1	1	2	3


RETAINER Rx

 Dr. _____ Acct. # _____
 Address _____
 City St Zip _____
 Patient _____
 Tel _____ Fax # _____
 E-mail _____
 Shipped _____ Placement Date _____
 (PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)
 PLEASE WRITE SPECIAL INSTRUCTIONS

Trim - Acrylic

-
- Scalloped anterior
-
-
- Rounded anterior
-
-
- Anterior Bite Plane
-
-
- Posterior Bite Plane
-
-
- Horseshoe Trim
-
-
- Modified Horseshoe Trim
-
-
- Acrylic on Labial Bow
-
- Add Pontic(s) Shade _____

Acrylic Colors

-
- Clear
-
-
- Pink Tint
-
- PRO-PAL Series**
-
-
- Color(s) _____
-
-
- Glitter(s) _____
-
-
- Designer _____

Full Arch Invisible Retainer

-
- Upper
-
- Lower
-
-
- .030
-
- .040
-
-
- Duraclear .030

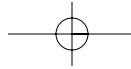
Cuspid to Cuspid Essix

-
- Upper
-
- Lower
-
- Reset
-
- | | | |
|------------------|--|------------------|
| <u> 3 2 1</u> | | <u> 1 2 3</u> |
| <u> 3 2 1</u> | | <u> 1 2 3</u> |

APPLIANCE PROTECTION PLAN:

-
- YES
-
-
- NO

 White and Yellow: Laboratory Copy Pink: Doctor's Copy
 001-086-LIT REV. D 37018517-DX



Laboratory Use Only

HAW _____

SP _____

SU _____

PREP _____

SPL _____

FIXED _____

DUP _____

COLOR _____

AUX _____

POSTAGE _____

RECEIVING

OPEN _____

ID _____

DATE _____

ENTER _____

PULL _____

STAPLE _____

SHIPPING

PULL _____

LAYOUT _____

PACK _____

SHIP _____

CHECK _____

