



Allesee Orthodontic Appliances

COMMUNICATION CENTER
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SET UP INSTRUCTIONS

- Duplicate our Models
- Carve brackets and bands
- DO NOT CARVE BRACKETS AND BANDS**
- Retain upper 1st molar bands
- Allow for lower/upper retainer
- PRE TREATMENT DIAGNOSTIC SET UP**
- DO NOT PROCESS SET UP**
- Reset all Teeth
- Reset only Circled Teeth



Space Closure

- Close Completely
- Close as Feasible
- Leave Space Distal to _____
- Leave Space Between _____

Anterior Overbite

- Ideal 1-2 MM
- Set to _____mm
- No Change

Anterior Overjet

- Ideal
- Maintain
- Set to _____mm

Anterior Root Torque

- | | |
|--|--|
| Upper | Lower |
| <input type="checkbox"/> Maintain | <input type="checkbox"/> Maintain |
| <input type="checkbox"/> Lingual _____ | <input type="checkbox"/> Lingual _____ |
| <input type="checkbox"/> Labial _____ | <input type="checkbox"/> Labial _____ |

Occlusal Plane

- Maintain
- Flat
- Curve of Spee

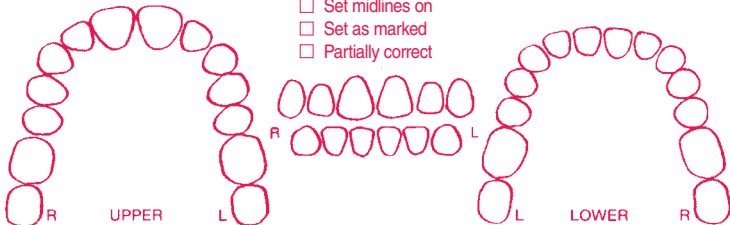
Arch Width

- | | |
|------------------------------------|------------------------------------|
| Upper | Lower |
| <input type="checkbox"/> Maintain | <input type="checkbox"/> Maintain |
| <input type="checkbox"/> Constrict | <input type="checkbox"/> Constrict |
| <input type="checkbox"/> Widen | <input type="checkbox"/> Widen |

PLEASE WRITE SPECIAL INSTRUCTIONS

PLEASE DIAGRAM SPECIAL INSTRUCTIONS

- Set midlines on
- Set as marked
- Partially correct



PLEASE SHIP EXTRA:

- SHIPPING BOXES
- PRE-PAID BAGS
- PRESCRIPTION SHEETS



This appliance manufactured only in Wisconsin

POSITIONER R_x

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)

POSITIONER INSTRUCTIONS

Silicone – Thermal Cured

- PRO-Flex (medium clear)

Flexclear – Clear Vinyl

- Soft
 - Medium
 - Mint
 - Bubblegum
- Available Colors Purple Grape Red Strawberry Blue Mint

ImPak – Clear Acrylic rigid at room temperature.

Elast-Acryl – Slightly more flexible than ImPak.

(Pre-soften both with hot tap water prior to seating.)

Trimming Requirements

- | | |
|-----------------------------------|-----------------------------------|
| Height | Thickness |
| <input type="checkbox"/> Standard | <input type="checkbox"/> Standard |
| <input type="checkbox"/> High | <input type="checkbox"/> Thick |
| <input type="checkbox"/> Short | <input type="checkbox"/> Thin |

End Appliance Distal to



Options Available

- Air Holes – 3 or 5 (circle)
- Serrations
- Ball Clasps

Location for Clasps



Articulation

- Average bite opening
 - Hinge Axis Tracing
- Gnathological Set-up
- Sam
 - Denar
 - Panadent
 - High Post Panadent
 - Quick Split
 - Other _____ Magnets

Mouthguards

- Upper - Smooth occlusal lower
- Upper with lower indents (1-2 mm)
- Full upper and lower coverage
- Anterior step up design
- Orthodontic Guard – over brackets

Laboratory Use Only

POS STD _____

SU PSU _____

DUP AUX _____

IMP AUX _____

DEB AUX _____

WAX AUX _____

HAT PSU _____

BALL AUX _____

TQ AUX _____

MT AUX _____

SER AUX _____

MGD _____

SPL _____

POSTAGE _____

RECEIVING

OPEN _____

ID _____

DATE _____

ENTER _____

PULL _____

STAPLE _____

SHIPPING

PULL _____

LAYOUT _____

PACK _____

SHIP _____

CHECK _____