



Allesee Orthodontic Appliances

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- | | | | |
|--------------------------------|--------------------------------|--------------------------------|---|
| Hawley | QCM Hawley | Ricketts Labial bow | Clasps |
| <input type="checkbox"/> Upper | <input type="checkbox"/> Upper | <input type="checkbox"/> Upper | <input type="checkbox"/> Upper <input type="checkbox"/> Lower |
| <input type="checkbox"/> Lower | <input type="checkbox"/> Lower | <input type="checkbox"/> Lower | <input type="checkbox"/> Ball Clasps |
| | | | <input type="checkbox"/> Adams Clasps |
| | | | <input type="checkbox"/> "C" Clasps |
| | | | <input type="checkbox"/> Sage Clasps |
| | | | <input type="checkbox"/> Dunn Clasps |
| | | | <input type="checkbox"/> 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

- | | | |
|--------------------------------------|--------------------------------|--------------------------------|
| Basic 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 | |

Reset teeth - indicate on diagram

- | | | | | | | |
|--|--|---------------------------------------|---|---|---|---|
| <input type="checkbox"/> Do Not Reset | <table border="1" style="display: inline-table;"><tr><td>2</td><td>1</td><td>1</td><td>2</td></tr></table> | 2 | 1 | 1 | 2 | <input type="checkbox"/> Strip contacts |
| 2 | 1 | 1 | 2 | | | |
| <input type="checkbox"/> Reset as Feasible | <table border="1" style="display: inline-table;"><tr><td>2</td><td>1</td><td>1</td><td>2</td></tr></table> | 2 | 1 | 1 | 2 | <input type="checkbox"/> Strip all contacts |
| 2 | 1 | 1 | 2 | | | |
| <input type="checkbox"/> Reset Ideal | | <input type="checkbox"/> No Stripping | | | | |

Adaptor

- Standard Adaptor with Alastiks Upper Lower
- Adaptor with NiTi Coil Springs Upper Lower
- Reset
- | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

- 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 R_x

Dr. _____ Acct. # _____

Address _____

City St Zip _____

Patient _____

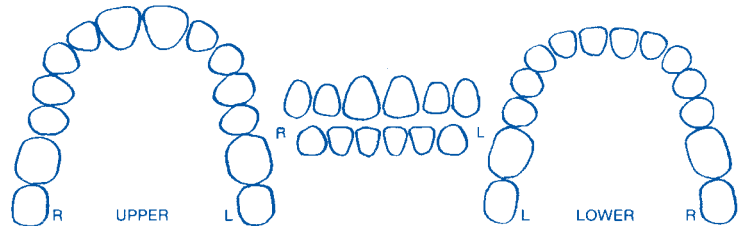
Tel _____ Fax # _____

E-mail _____

Shipped _____ Placement Date _____

(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)

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 _____ (Upper Only)

Full Arch Invisible Retainer

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

Cuspid to Cuspid Invisible

- (Pair)
- Upper Lower

APPLIANCE PROTECTION PLAN:

- YES
- NO

Laboratory Use Only

HAW _____

SP _____

SU _____

SPL _____

PTC _____

ACRY _____

AAC _____

AAC _____

AAC _____

SHIP _____

RECEIVING

OPEN _____

ID _____

DATE _____

ENTER _____

PULL _____

SHIPPING

PULL _____

LAYOUT _____

PACK _____

SHIP _____

CHECK _____