



Allesee Orthodontic Appliances

COMMUNICATION CENTER
1-800-262-5221

AOA Wisconsin
 13931 Spring Street
 Sturtevant, WI 53177
 Fax 262-886-6879

AOA Connecticut
 6 Niblick Road
 Enfield, CT 06082
 Fax 860-741-7655

AOA California
 341 E. First Street
 Calexico, CA 92231
 Fax 760-357-9488

INTERNATIONAL # 262-886-1050

SET-UP INSTRUCTIONS

- Carve Brackets and Bands
- Retain upper first molar bands
- Allow for lower lingual 3-3
- Diagnostic Set-Up
- Reset All Teeth
- Reset Circled Teeth

R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L
 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

SPACE CLOSURE

- Close completely
- Close as feasible
- Leave space distal to _____

ANTERIOR OVERBITE

- Ideal
- Increase to _____ mm
- Decrease to _____ mm
- No Change

ANTERIOR OVERJET

- Ideal
- Maintain
- Set to _____ mm

POSITIONER INSTRUCTIONS

Silicone – Thermal Cured

- PRO-Flex (medium clear)

Flexiclear – Clear Vinyl Soft Medium Mint Bubblegum
 Available Colors Purple Grape Red Strawberry Blue Mint

- ImPak – Clear Acrylic rigid at room temperature.

TRIMMING

- Height
- Standard
 - High
 - Short
 - Roth Style (short in posterior)

REQUIREMENTS

- Thickness
- Standard
 - Thick
 - Thin

OPTIONS AVAILABLE

- Air Holes – 3 or 5 (circle)
- Serrations
- Ball Clasps
(mark location between teeth)

- End distal to: 6's 7's 8's
- R 8 7 6 5 | 5 6 7 8 L
 8 7 6 5 | 5 6 7 8



This appliance manufactured only in Wisconsin

ROTH/GORDON POSITIONERS & SPLINTS R

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)

ARTICULATION

- Panadent (High Post)
- Panadent
- Quick Split Magnets
- Sam
- Denar

ANALOG BLOCKS _____mm

C.R. REGISTRATION

- Two Piece Power
- Other _____

FACEBOW TRANSFER

- Estimated
- True Hinge

SIDE SHIFT

Right _____ Left _____

ANGLE OF EMINENCE

Right _____ Left _____

SPLINT INSTRUCTIONS

- Repositioning Splint
- 2 clasps (standard)
- 4 clasps
- Clasp type Adams Ball
- Anterior Repositioning Splint
- Length of splint ramp _____ mm

Special Instructions

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

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** _____

POSTAGE _____

RECEIVING

OPEN _____

ID _____

DATE _____

ENTER _____

PULL _____

STAPLE _____

SHIPPING

PULL _____

LAYOUT _____

PACK _____

SHIP _____

CHECK _____