



**Allesee Orthodontic Appliances**

**COMMUNICATION CENTER 1-800-262-5221**

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

**AOA Connecticut**  
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Enfield, CT 06082  
Fax 860-741-7655

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

INTERNATIONAL # 262-886-1050

**EMA**

Upper and lower appliances pressure formed and attached with removable elastic straps. A kit of straps in incremental lengths and firmness are returned with the appliance.

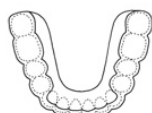
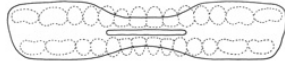
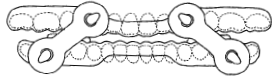
**Note:** Construction bite not required.

**ASA**

- All soft silicone option

Single piece appliance that engages both the upper and lower arches. Smooth hard out surface combined with soft retentive inner layer.

**Note:** Construction bite required



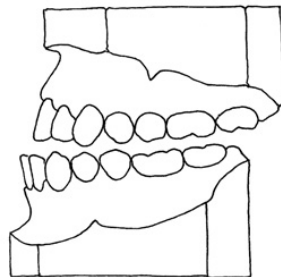
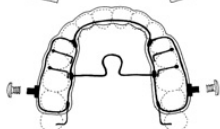
**Removable Herbst**

Upper and lower processed acrylic combined with Herbst appliance. Adjustable by using standard Herbst advancement spacers.

**Note:** Construction bite required

**Construction Bite Notes**

Illustration of construction bite relationship. Patients will vary based on individual needs. Remember to check the midline relationship. These appliances are not intended to correct midlines.



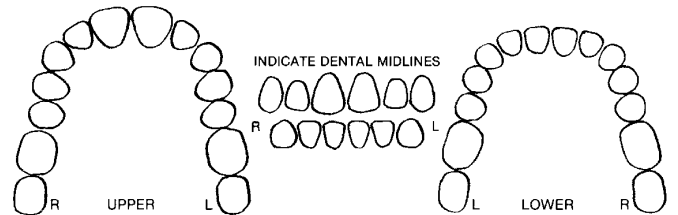

LAB USE ONLY

**SLEEP APNEA Rx**

Dr. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City St Zip \_\_\_\_\_  
 Patient \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Shipped \_\_\_\_\_ Placement Date \_\_\_\_\_  
 (Placement date should be 1-2 before actual insertion date)

**Please Write Special Instructions**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Appliance designs are fundamentally represented on this Rx form. Patients may require modifications to the designs based on individual specific needs.

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

*Laboratory Use Only*

**SPL** \_\_\_\_\_

**WLSN** \_\_\_\_\_

**WOOD** \_\_\_\_\_

**GRUM** \_\_\_\_\_

**COLOR** \_\_\_\_\_

**AUX** \_\_\_\_\_

**AUX** \_\_\_\_\_

**POST** \_\_\_\_\_

**RECEIVING**

**OPEN** \_\_\_\_\_

**ID** \_\_\_\_\_

**DATE** \_\_\_\_\_

**ENTER** \_\_\_\_\_

**PULL** \_\_\_\_\_

**STAPLE** \_\_\_\_\_

**SHIPPING**

**PULL** \_\_\_\_\_

**LAYOUT** \_\_\_\_\_

**PACK** \_\_\_\_\_

**SHIP** \_\_\_\_\_

**CHECK** \_\_\_\_\_