

Herbst Appliance Form



RICOH ORTHODONTIC APPLIANCES

Doctor: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____
 Patient Name: _____
 Date Shipped: _____ **Date Needed:** _____
 Please Call To Discuss Case

Office Use:
Date Received: _____
Models:
 Upper Lower Both
Impressions:
 Upper Lower Both
Bands _____ **Crowns** _____

Standard Design

- | | | |
|---------------------------|--------------------------|--------------------------|
| Banded Herbst | <input type="checkbox"/> | <input type="checkbox"/> |
| Crown Herbst | <input type="checkbox"/> | <input type="checkbox"/> |
| Band/Crown Combination | <input type="checkbox"/> | <input type="checkbox"/> |
| Metal Upper/Acrylic lower | <input type="checkbox"/> | <input type="checkbox"/> |

Dischinger Design

- | | | |
|---------------------------|--------------------------|--------------------------|
| Original Crown Herbst | <input type="checkbox"/> | <input type="checkbox"/> |
| Cantilever Herbst | <input type="checkbox"/> | <input type="checkbox"/> |
| Dischinger Other(diagram) | <input type="checkbox"/> | <input type="checkbox"/> |

Hilgers Design

- | | | |
|-------------------|--------------------------|--------------------------|
| Band/Crown Herbst | <input type="checkbox"/> | <input type="checkbox"/> |
| Hanks Herbst | <input type="checkbox"/> | <input type="checkbox"/> |

TP - Flip Lock Herbst®

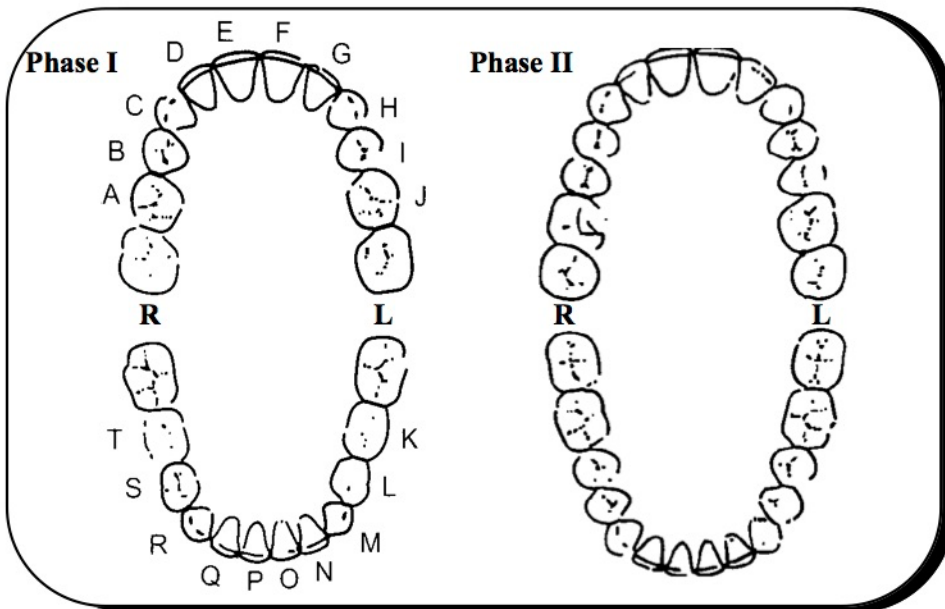
- | | | |
|------------------------|--------------------------|--------------------------|
| Banded Herbst | <input type="checkbox"/> | <input type="checkbox"/> |
| Crown Herbst | <input type="checkbox"/> | <input type="checkbox"/> |
| Band/Crown Combination | <input type="checkbox"/> | <input type="checkbox"/> |

HTM = Hanks Telescoping Herbst®

- | | | |
|------------------------|--------------------------|--------------------------|
| Banded Herbst | <input type="checkbox"/> | <input type="checkbox"/> |
| Crown Herbst | <input type="checkbox"/> | <input type="checkbox"/> |
| Band/Crown Combination | <input type="checkbox"/> | <input type="checkbox"/> |

Miniscope Telescoping Mechanism®

- | | | |
|------------------------|--------------------------|--------------------------|
| Banded Herbst | <input type="checkbox"/> | <input type="checkbox"/> |
| Crown Herbst | <input type="checkbox"/> | <input type="checkbox"/> |
| Band/Crown Combination | <input type="checkbox"/> | <input type="checkbox"/> |
| Apple core Screw | <input type="checkbox"/> | <input type="checkbox"/> |



Crowns and Bands:

- Lab Will provide and fit Crowns or Bands
- Crowns or Bands enclosed with case seat
- Debond Holes

CIRCLE CROWNS TO BE SEATED	CIRCLE BANDS TO BE SEATED	OCCLUSAL RESTS per diagram
R $\frac{7 \ 6 \ 5/e \ 4/d}{7 \ 6 \ 5/e \ 4/d}$ $\frac{4/d \ e/5 \ 6 \ 7}{4/d \ e/5 \ 6 \ 7}$ L	R $\frac{7 \ 6 \ 5/e \ 4/d}{7 \ 6 \ 5/e \ 4/d}$ $\frac{4/d \ e/5 \ 6 \ 7}{4/d \ e/5 \ 6 \ 7}$ L	R $\frac{7 \ 6 \ 5/e \ 4/d}{7 \ 6 \ 5/e \ 4/d}$ $\frac{4/d \ e/5 \ 6 \ 7}{4/d \ e/5 \ 6 \ 7}$ L

Accessories:

- | | |
|--|---|
| <input type="checkbox"/> Expansion Screw | <input type="checkbox"/> Upper Aw Tubes |
| <input type="checkbox"/> Mini Screw | <input type="checkbox"/> Lower Aw Tubes |
| <input type="checkbox"/> Memory Screw | <input type="checkbox"/> Occlusal <input type="checkbox"/> Gingival |
| <input type="checkbox"/> Ball Clasps | <input type="checkbox"/> Optional Large Head screws |
| <input type="checkbox"/> Lingual Arch | <input type="checkbox"/> Optional Lower Offset arms |
| <input type="checkbox"/> Upper HG Tubes | <input type="checkbox"/> Send Shims |

Herbst® is a registered trademark of Dentaform.

Digital Files

- | | | |
|-----------------------------|--------------------------|--------------------------|
| Scan models | <input type="checkbox"/> | <input type="checkbox"/> |
| Print model | <input type="checkbox"/> | <input type="checkbox"/> |
| Send STL files. | <input type="checkbox"/> | <input type="checkbox"/> |
| Email Address _____ @ _____ | | |

Doctor Signature: _____

Special Instructions: