



DOBSON ORTHO LABORATORY, INC.
 2130 Hilton Drive, Suite B
 Gainesville, GA 30501
 Tel: (888) 599-7890 GA: (470) 290-8601
 Fax: (470) 290-8600
 dobsonortho.com

Herbst Rx

LAB USE ONLY

CANTILEVER HERBST®

Banded Design (includes reinforcement wires)

Crown Design

CROWN OPTIONS

Vent Holes Debonding Holes

Vertical Slits Occlusal Removed

EXPANSION OPTIONS Upper Lower

Standard Mini RPE (2-arm)

Ratchet Mini RPE (2-arm)

Standard Hyrax RPE

Ratchet Hyrax RPE

HERBST® MECHANISMS

Standard Bite Jumping Rod & Tube

MiniScope™ Telescoping

Dentaurem TS Telescoping

FRAMEWORK OPTIONS Upper Lower

Lingual Arch

Transpalatal Arch

SCREWS / AXLE DESIGN OPTIONS

Standard Hex Screws

AppleCore™ Screws

Dentaurem TS Screws (metric)

ADVANCEMENT SPACERS / SHIMS

1mm Qty____

2mm Qty____

3mm Qty____

4mm Qty____

BITE RELATIONSHIP

Use Enclosed Wax Bite for AP

Use Lines on Models for AP

Position for Class 1 Molars

Position Anteriors Edge to Edge

Advance _____mm

MIO Measurement _____mm

ARCHWIRE TUBES

Upper .018 Single .022 Single

.018 Double .022 Double

Extend AW to 2nd Bicuspid

Lower .018 Single .022 Single

.018 Double .022 Double

Occlusal Center Gingival

ADDITIONAL ACCESSORIES
*Additional mechanisms, screws, and spacers can be purchased in pack quantities.
 Call Customer Service at 888-599-7890 to order.*

DOCTOR _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ DATE REQ'D _____

*Case will ship to arrive before the APPOINTMENT DATE.
Please account for transit time to/from your office.

APPT DATE _____

APPROVED TO CHARGE FOR EXPEDITED SHIPPING TO RETURN ON DATE NEEDED

CONTACT ME REGARDING CASE VIA PHONE VIA EMAIL

CROWNS AND BANDS

Lab Provides Crowns/Bands and Fits

Crowns/Bands Enclosed with Case

CIRCLE CROWNS TO BE SEATED

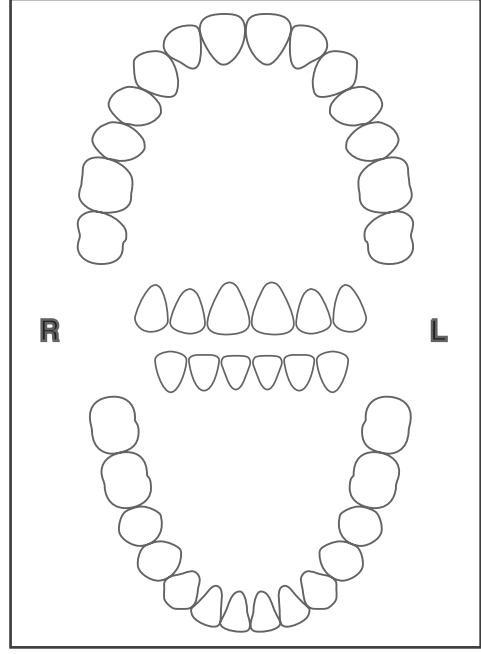
R	7	6	5/e	4/d	d/4	e/5	6	7	L
	7	6	5/e	4/d	d/4	e/5	6	7	

CIRCLE BANDS TO BE SEATED

R	7	6	5/e	4/d	d/4	e/5	6	7	L
	7	6	5/e	4/d	d/4	e/5	6	7	

OCCUSAL RESTS - PER DIAGRAM

R	7	6	5/e	4/d	d/4	e/5	6	7	L
	7	6	5/e	4/d	d/4	e/5	6	7	



SPECIAL INSTRUCTIONS

DR. SIGNATURE: /

LICENSE NUMBER: _____ EXPIRES: _____

	<p>SEND ADDITIONAL</p> <p><input type="checkbox"/> RX FORMS (AVAILABLE ON WEBSITE)</p> <p><input type="checkbox"/> PREPAID LABELS <input type="checkbox"/> SHIPPING BOXES</p>
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