FLIP-LOCK® HERBST®

☐ **Upper** ☐ Crowns ☐ Bands ☐ Both
☐ **Lower** ☐ Crowns ☐ Bands ☐ Both
Refer to the drawing for specifics.

☐ **Type I** ☐ With archwire slot ☐ Without archwire slot
Includes cantilever arm.
☐ **Type II** ☐ With archwire slot ☐ Without archwire slot
Does not include cantilever arm.

ACCESSORIES FOR THE FLIP-LOCK® HERBST®

☐ **Hyrax R.P.E.** ☐ Upper ☐ Lower
☐ **Lingual Arch** ☐ Upper ☐ Lower
☐ **Transpalatal Arch Bar / T.P.A.**
☐ **Quadhelix**
☐ **Crimpable Spacers** ☐ 1 mm ☐ 2 mm ☐ 3 mm ☐ 4 mm ☐ 5 mm
☐ **Occlusal Rest Wire**

CROWN ADJUSTMENTS

☐ Add vent holes ☐ Add vertical slots ☐ Trim crown height

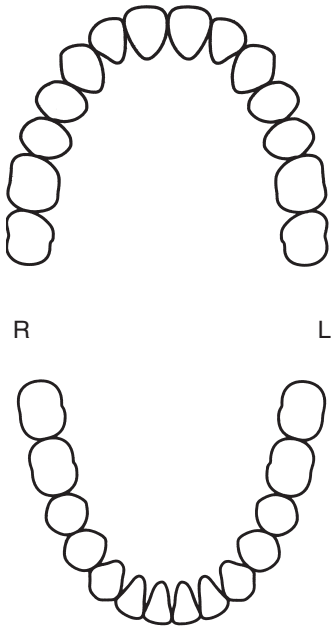
Note: Please enclose a wax bite to indicate where we should cut the tube arms.

ENCLOSED

☐ **Impression** ☐ Upper ☐ Lower ☐ Both
☐ **Model** ☐ Upper ☐ Lower ☐ Both
☐ **Wax Bite**

Flip-Lock® HERBST® APPLIANCE Rx

Please use diagram to indicate placement of HERBST components, including accessories, bands, crowns and occlusal rests.



SPECIAL INSTRUCTIONS

* Flip-Lock is a registered trademark of TP Orthodontics, Inc. HERBST is a registered trademark of Dentaurum Corp.

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TP Orthodontics, Inc.

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☐ *This is my first case with TP Orthodontics.*

ACCOUNT NO. _____

Dr. _____

Address _____

_____

City _____

State _____

Zip _____ Phone ( ) _____

E-Mail _____

Patient's Name _____

Date Shipped to TPO _____ Date Required _____

SHIPPING

☐ 1st Class ☐ UPS *(where available)* ☐ Overnight

_____

PLEASE DO NOT WRITE IN THIS SPACE			

PLEASE SEND ADDITIONAL SUPPLIES
(Fill in address label only if additional material requested)

Dr. _____

Address _____

City / State / Zip _____

☐ Appliance Rx ☐ HERBST Rx ☐ Shipping Boxes
☐ Set-up & Positioner Rx ☐ ARS *(UPS Return Label)* ☐ Shipping Labels
☐ Model Sculpture Rx ☐ Shipping Bags
☐ Other _____

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