the havenortho orthodortho orthodontic laboratory

"a lab you can depend on"





Dear Professional,

Thank you for your interest in our laboratory. We will provide all the information that your office will need in order to start sending cases to us.

We look forward to doing business with you and your staff and would be honored to be your lab of choice. Our company is testimony to the fact that hands on craftsmanship, quality, and pride are not a thing of the past. For us, quality and craftsmanship are a way of life.

Haven Ortho is a full-service orthodontic laboratory located in Melissa, TX. Since its founding, Haven Ortho has developed a complete product line that includes:

Retainers & Finishing - Fixed Appliances - Invisible Retainers - Splints - Herbst - Flippers & Pedo Partials - Functionals - Molar Distalizers - Arch Development - Progressive Aligners - Athletic Mouthguards & much more!

We are not limited by the selection of appliances that are listed within this brochure. **We fabricate a very diverse variety of appliances.** Let us know your needs and we can fabricate a custom appliance to fit your patients specific requirements and your treatment plan.

Thank you,

Haven Ortho Staff









HOW TO SEND YOUR CASES TO US:

Print a Pre-Paid Mail Label at havenortho.com/brm.

For sending us your digital scans, please follow the instructions at havenortho.com/scans.



LAB INFORMATION

NEW ACCOUNT AND REFERRAL BENEFITS

We offer a **50% Discount** for new accounts on your first case with us. In addition, we offer a **50% Discount** on a case when we receive work from your referral. For more information and to submit your referral, please go to **havenortho.com/referrals.**

DIGITAL SCANS

Sending us your digital scans is simple and easy. We accept STL files, Itero, Medit, Carestream (Dexis) and DS Core (Sirona, Cerec). For more information on producing a good scan and getting your scans to us, please go to havenortho.com/scans.

We charge a flat rate for printing your digital scans. However, if a scan requires further work or adjustments made in order to proceed with the fabrication of your appliance, an additional charge will incur.

CASE COMMUNICATION

We use email to contact your office in regards to questions we have about your patient's cases. To add or change your office email that we have on file, please go to have northo.com/account.

REPAIRS

The cost of repairs are determined by appliance age, type of fractures and model distortion (if any). If your office still has the original working models then send them with the appliance. However, if they have been discarded then send a new set of plaster or stone models along with the repair.

Always send a new model taken with the appliance $\underline{\text{removed.}}$ Do not attempt to insert the appliance in the impression.

BILLING TERMS

Your account is automatically opened with your first order. Simply send us your prescription and your patient's models. That's all there is to it. You don't even need our company's prescription slips. You are automatically given an open account with your first order.

We will send you a monthly statement listing the totals of all invoices. The total charges on the monthly statement are **due and payable by the 15th of the month** in which you receive the statement. Accounts not paid by the 30th of the month are considered past due and will be subject to a late charge of 2% of the unpaid balance.

INVOICE

An invoice is generated for prescribed appliance(s) you request for an individual patient. The invoice is dated on the day of completion and is included with the appliance on delivery to your office

STATEMENT

Your monthly statement is a summary of the financial transactions that have occurred with your account in the current month. It is printed and dated at the closing of the last working day of the month. The current charges on the monthly statement are **due and payable by the 15th of the month**.

PAYMENTS

All payments are due and payable by the 15th of the month in which you receive your statement. Make all checks payable to "Haven Ortho Lab".



BASIC LAB REQUIEMENTS

UPPER RETAINER

Plaster or stone work model (thickness of the base should be 7mm in the deepest portion of the palate). A lower model should be included with any case where occlusal interference's are a concern.

LOWER RETAINER

Plaster or stone work model.

SAGITTAL

Plaster or stone Model(s). Please include opposing arch if posterior coverage is required. Construction Bite should represent a centric relation; 2-3mm posterior vertical opening

FIXED APPLIANCES

Well defined plaster or stone work models especially in the gingival margin area where the bands will be fitted by us. Pedo-Partial and Habit appliances require opposing model.

SPLINTS

Upper and lower stone models, facebow mounted models are preferred but not required. Construction bite should represent vertical opening desired, minimum 2mm.

FUNCTIONAL APPLIANCES

All functional appliances require upper and lower stone work models.

STANDARD ACTIVATOR

Construction bite with edge to edge relationship, 8-10mm posterior vertical opening.

EXPANSION ACTIVATOR

Construction bite with edge to edge relationship, 7-12mm posterior vertical opening.

Bionator I (TO OPEN)

Construction bite with edge to edge relationship, 3mm anterior vertical opening.

Bionator II (TO CLOSE)

Construction bite with edge to edge relationship, 3mm posterior vertical opening.

TWIN BLOCK

Construction bite with 5-7mm advancement, 3-5mm vertical opening in pre-molar/bicuspid area.4mm, 2-3mm anterior vertical opening.

BLEACHING TRAYS

Plaster or stone work models. Overall thickness of the models is determined by the length of the gingival margins. The thickness of the model is usually 10mm beyond that.

ATHLETIC MOUTHGUARDS

Upper and lower Impressions/Models free from voids or air bubbles. The models needs to represent the anatomy 10mm beyond the gingival margin of each tooth. Include a construction bite taken at rest position with a 4-5mm vertical OCCLUSAL opening and proper MIDLINE alignment.



Website: www.havenortho.com • E-mail: lab@havenortho.com

NEED SUPPLIES?

Visit havenortho.com to download our Appliance RX and view our Acrylic Color Chart.

APPLIANCE PRESCRIPTION

REV. 8

Send your Digital Scans (STL files) to scans@havenortho.com.

DOCTOR NAME	OFFICE PHONE NUMBER	ACCOUNT #
OFFICE ADDRESS	OFFICE EMAIL ADDRESS (this field is important for CA	SE COMMUNICATION)
CITY STATE ZIP CO	DE DELIVERY NOTIFICATION EMAIL ADDRESS (if different than office email)	
PATIENT'S FIRST NAME PATIEN	NT'S LAST NAME AG	GE CASE NUMBER
MasterRX - Design your appliance any way you like, then assign a name. Use that name on any case when you want the SAME design. Visit havenortho.com/master-rx for details.	SHIPPED DATE DUE	_AB USE ONLY
HCODE - View our online catalog at <u>havenortho.com/catalog</u> Select appliance, then write # in the HCODE field for each arch.	one day before appointment	
MasterRX HCODE	MasterRX	HCODE
Remove Fixed Lingual Retainer Add Brackets to Bands: Single Double	Remove Fixed Lingual Retainer Add Brackets to Ba	nds: Single Double Triple
ACRYLIC COLORS & GLITTER & PICTURE (visit myorthoappliance.com for our full selection)	22 21 20 19 18 LEFT ACRYLIC COLORS & GLITTE (visit myorthoappliance.com for out	27 28 29 30 31 RIGHT
☐ STONE MODELS - Be sure to get doctor's final approval on • A	EASE NOTE: PPLIANCE FABRICATION & GUARANTEE - Appliances are fabric	
□ ACCURATE CONSTRUCTION BITE - Include for all cases where ■ ■	uaranteed to fit only the models, please inspect them before sending REFERRAL REWARDS - Receive a GIFT for every referral you send new customer of Haven Ortho! Go to havenortho.com/referrals for in	that becomes
Dr. Signature:	License #:	havenortho.com
CAN WE HELP YOU FURTHER?	LAB USE ONLY	
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• Fixed Appliances • Functional Appliances • Progressive Aligners		

- Splints
- Retainers & Finishing

- Molar Distalizers

- Invisible Retainers
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- Arch Development

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