

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

NEED SUPPLIES?

 $\label{thm:com} \mbox{Visit} \, \underline{\mbox{havenortho.com}} \, \mbox{to download our Appliance RX} \\ \mbox{and view our Acrylic Color Chart.}$

APPLIANCE PRESCRIPTION

REV. 8

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

| DOCTOR NAME | OFFICE PHONE NUMBER AC | COUNT# | |
|--|--|--|--|
| | | | |
| OFFICE ADDRESS | OFFICE EMAIL ADDRESS (this field is important for CASE COMMUNICAT | ΓΙΟΝ) | |
| | | | |
| CITY STATE ZIP CODE | E DELIVERY NOTIFICATION EMAIL ADDRESS (if different than office er | DELIVERY NOTIFICATION EMAIL ADDRESS (if different than office email) | |
| | | | |
| PATIENT'S FIRST NAME PATIENT | 'S LAST NAME AGE CA | SE 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 LAB USE ON | NLY | |
| HCODE - View our online catalog at havenortho.com/catalog Select appliance, then write # in the HCODE field for each arch. | one day before appointment | | |
| MasterPV | MastarDV | · | |
| MasterRX HCODE | | | |
| Remove Fixed Lingual Retainer Add Brackets to Bands: Single Double Triple Remove Fixed Lingual Retainer Add Brackets to Bands: Double Triple | | | |
| 8 9 24 25 7 26 | | | |
| 6 11 | 22 27 | 22 27 | |
| 5 12 | 21 28 | | |
| 4 2 13 | 20 29 | | |
| 3 14 | 19 () 30 | | |
| 2 15 | 18 | | |
| | | | |
| RIGHT LEFT | LEFT RIGHT | | |
| <u></u> | | | |
| ACRYLIC COLORS & GLITTER & PICTURE | | ACRYLIC COLORS & GLITTER & PICTURE | |
| (visit <u>myorthoappliance.com</u> for our full selection) | (visit <u>myorthoappliance.com</u> for our full selection) | | |
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| | | | |
| BEFORE SUBMITTING TO LAB: PLEA | ASE NOTE: | | |
| ☐ STONE MODELS - Be sure to get doctor's final approval on ● APF | PLIANCE FABRICATION & GUARANTEE - Appliances are fabricated and aranteed to fit only the models, please inspect them before sending. | scan to visit | |
| □ ACCURATE CONSTRUCTION BITE - Include for all cases where acrylic occlusal coverage or mandibular repositioning is required. ■ REFERRAL REWARDS - Receive a GIFT for every referral you send that becomes a new customer of Haven Ortho! Go to | | | |

- Fixed Appliances
- Functional Appliances
- Progressive Aligners

- Splints

- Retainers & Finishing
- Molar Distalizers

- Invisible Retainers
- Athletic Mouthguards

- Herbst Appliances
- Fippers & Pedo Partials & Much more
- Arch Development

We fabricate a very diverse variety of appliances. For more information, visit havenortho.com