



HERBST® PRESCRIPTION

10403 International Plaza Drive
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(800) 489-4020 • (314) 426-4020 • FAX (314) 429-7575
rx@dynaflflex.com • www.dynaflflex.com

IF NEW ACCOUNT:

DOCTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

ACCT. #	OFC #	License #
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BUSINESS REPLY LABEL
FIRST CLASS PERMIT NO. 8722, ST. LOUIS, MO
POSTAGE WILL BE PAID BY ADDRESSEE

DynaFlex®
P.O. Box 99
St. Ann, Missouri 63074-9910

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

RX FORMS ARE AVAILABLE AT www.dynaflflex.com

PLEASE PROVIDE DATE WANTED TO AVOID DELAYS

PATIENT'S NAME	AGE	DATE SENT	DATE WANTED <small>IN LAB 5-7 DAYS</small>	<input type="checkbox"/> FIRST CASE <input type="checkbox"/> SEND MORE RXS <input type="checkbox"/> SEND BOXES
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BANDED HERBST

Standard Banded Herbst
 Cantilever Banded Herbst
 Reinforce Bands

CROWN HERBST

Crown Cantilever
 Dischinger Cantilever
 Hilgers
 Smith Type I Smith Type II
 Space Closing Herbst

OTHER HERBST DESIGNS

Acrylic Splint Herbst
 Band/Crown Combination

HERBST MECHANISMS

Standard Rod & Tube
 Hanks Telescope (HTH)
 Mini-Scope with Apple Core
 Flip-Lock
 Offset Lower Rods
 Advancement Shims
 _____mm _____qty

MAXIMUM BITE OPENING
 _____mm

BITE RELATIONSHIP

Use Enclosed wax bite for AP
 Use Lines on Models for AP
 Position for Class 1 Molars
 Position Anterior Edge to Edge

EXPANSION OPTIONS

Slimline 12mm (2 arm)
 Standard 12mm Screw (4 arm) upper
 Other _____

WIRE ACCESSORIES

Lower Lingual Arch
 Upper Transpalatal Arch

ARCHWIRE TUBES

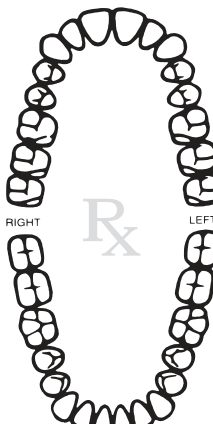
Upper AW Tubes .018 .022
 Extend AW to 2nd Bicuspid
 Lower AW Tubes .018 .022
 Occlusal Center Gingival

CROWN ACCESSORIES

Remove Occlusal from Crowns
 Add Lingual Seating Lugs
 Add Vent Holes
 Add Vertical Slits

ADJUST CROWN LENGTH

1mm Subging. 2mm Subging.
 No Adjustment Other _____



CROWNS BANDS ROLLO BANDS

DynaFlex Provide -per Diagram Below
 Crowns, Bands or Rollo Bands enclosed - per Diagram Below

CIRCLE CROWNS TO BE SEATED

7 6 5/e 4/d | d/4 e/5 6 7
 7 6 5/e 4/d | d/4 e/5 6 7

CIRCLE BANDS TO BE SEATED

7 6 5/e 4/d | d/4 e/5 6 7
 7 6 5/e 4/d | d/4 e/5 6 7

CIRCLE OCCLUSAL RESTS

7 6 5/e 4/d | d/4 e/5 6 7
 7 6 5/e 4/d | d/4 e/5 6 7

COMMENTS

PHONE NUMBER	SIGNATURE	PRINT NAME
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