



MidLyneTM
Orthodontic Laboratory

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Patient's Name _____

Date Wanted _____

(Please request at least 1 business day prior to patient appt.)

Doctor _____

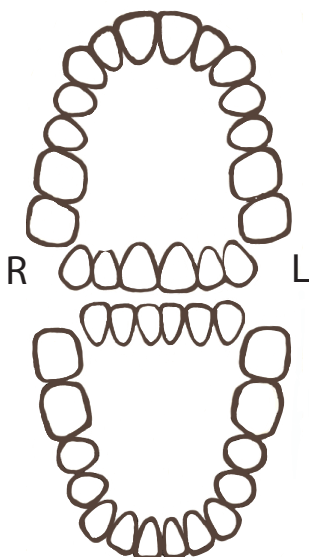
Telephone _____

Address _____

State _____

Zip _____

Email _____



☐ 3D Print

☐ Crown Herbst®

☐ Banded Herbst®

☐ Acrylic Herbst®

☐ Cantilever

☐ Traditional

Types:

☐ Smith

☐ Mayes

☐ Rogers

☐ Dischinger

☐ MidLyne

☐ Custom

Design Options:

☐ Miniscopes® Telescoping Mechanism

☐ 4-Part Miniscopes® (Ultra Low-Profile)

☐ HTH® Telescoping Mechanism

☐ Flip-Lock® Mechanism

☐ Applecore® Screws

☐ Add RPE

☐ Add Transpalatal Arch

☐ Add 0.022" Archwire Tubes

☐ Provide / Fit Bands, Crowns, or Rollo Bands

Instructions / Comments _____
