

**REMOVABLE APPLIANCE
PRESCRIPTION**



PLEASE PRINT

Account # C0 _____ **PO #** _____

BILLING
PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)
DOCTOR: _____
ADDRESS: _____
(Specify if ship to address is different)
ADDRESSES
CITY: _____ STATE: _____ ZIP: _____
PHONE: (_____) _____
FAX: (_____) _____
EMAIL: _____
PATIENT: _____ AGE: _____

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

LAB USE ONLY Incoming # cases _____
Customer Used: GLO Acct 2 Day On Call
 Portal Upload - No Frt (00) Cust Acct - No Frt (00)
 Disinfected 0 1 2 3 4 5 6 7 8 9
Rcvd: _____
B# _____ Via: _____
Shipment Date _____ Planned Shipment Date _____
(QC): _____ (LPD): _____
Estimated Delivery Date _____ Promised Delivery Date _____
ND _____ (Rec): _____
NO BITE / MDL - B / C Source: _____
Location: _____
Align ID# _____ Dig ID# _____

Please Provide: Boxes Labels
 Rx: _____ Qty: _____
(specify appliance type)
 Appliance Protection Program (additional fee)

**IMPORTANT! Always retain models and bite until appliance is seated.
Damage to models may occur during fabrication, please mark Rx if duplication (additional fee) of model(s) is required.**

When forwarding a Removable appliance to the laboratory, we suggest the opposing arch should be included with any case where occlusal interference of clasps is a concern.

Appliance Options Upper Lower Both (Please specify)

Labial Bow: Hawley 3 x 3 Wraparound Soldered to Clasp
 Add 2 x 2 Acrylic QCM Other: _____

Clasps: Adams Circumferential Ball Arrow Buccal Tube
 Occlusal Rest Finger Sage Delta

Springs: Finger "S" Soldered Mousetrap Crossover
 Mushroom Other: _____

Placement of spring as noted (1-32):
UPPER- Indicate Tooth # (s)- _____
LOWER- Indicate Tooth # (s)- _____

Expansion Screws:

Standard Spring Loaded Open Three Way Fan Type
 One Tooth Micro (requires screwdriver) Micro Screwdriver

Auxiliaries: Plastic Pontic; Manufacturer Name _____
Shade # _____

Habit Crib: Loops Spurs

Option: Brackets or Lingual Retainer: Remain Please Carve

Bite Planes: Provide opposing arch if articulation required
 Anterior Posterior Incline

Lab Use: Dup No Bite Reset Base Pontic Blok Out Sold Laser Dr Band Band
MG-STD MG-MED MG-HVY BT-STD BT-LMN
Drs Prprty- Drs Art Drs Bite Fork Drs Jig CNC
Dr Mount Art# _____ Dr Pin _____ Lab Pin _____
DENAR _____ SAM-2 SAM-3 WHPMX ARTEX STRATOS
HAN HINGE PANDNT KAVO

Master Rx on File # _____

Special Instructions: _____

Other Appliance Choices

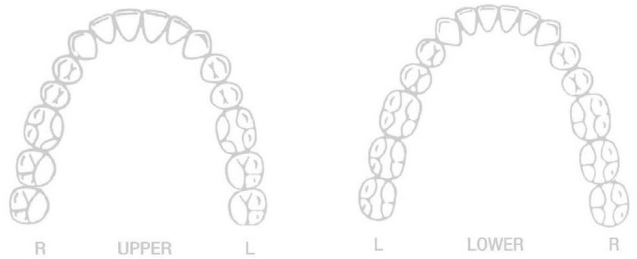
- Tremont Cantilever Wraparound
- ClearBow™
- Invisible Retainer 3 x 3 .75mm (3 x 3 coverage only)
- Invisible Retainer 1mm (Full arch coverage)
- Marginal Trim Scallop Trim (additional fee)

Visit our online appliance catalog at MyGreatLakesLab.com for a wide variety of color and pattern options!

The standard color is "Clear" unless otherwise specified-

- Biocryl Pattern Glitter Decal Rainbow Tropical Tones
- Contemporary Neon Glow Galaxy Glitter MagiCryl@2

Please specify color and/or decal # choice: _____



License #: _____

Dr. Signature: _____