

**ALIGNER APPLIANCE
PRESCRIPTION**



PLEASE PRINT

Account # LO PO # _____

B PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

I DOCTOR: _____

L ADDRESS: _____
(Specify if ship to address is different)

N CITY: _____ STATE: _____ ZIP: _____

A PHONE: (_____) _____
Provide Country & City Code

D FAX: (_____) _____

R EMAIL: _____

S PATIENT: _____ AGE: _____

PLEASE PRINT

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

LAB USE ONLY	Incoming # cases	1	2	3	4	5+
Customer Used:	<input type="checkbox"/> GLO Acct	<input type="checkbox"/> 2 Day On Call				
<input type="checkbox"/> Portal Upload - No Frt (99)	<input type="checkbox"/> Cust Acct - No Frt (99)					
<input type="checkbox"/> Disinfected	0	1	2	3	4	5
	6	7	8	9		
Rcvd:	_____					
B#	_____	Via:	_____			
QC:	_____	LPD/Shp:	_____			
Needs DD Call	_____	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 following:

1. Upper and Lower model is required to avoid occlusal interferences.
2. Please note: when requested, resetting canines may not produce predictable results.

SPRING ALIGNER

Please Choose- Upper Lower

Option: (For best retention please do not exceed the recommended movement per tooth listed below)

- 3 X 3 Aligner / For 2-2 movement
 - 4 X 4 Aligner / For 3-3 movement
- Max. Reset per Tooth**
- Aligner (Anterior Clip Only) 1/2 to 1mm
 - Modified (w/Acrylic Ext.) 1 to 1-1/2mm
 - Modified (w/Wire Ext.) 1 to 1-1/2mm
 - Super Spring Design (w/Acrylic Ext.) 1-1/2 to 2mm

INMAN ALIGNER (Please Specify Resets)

Please Choose- Upper Lower Both

- Standard Aligner Expansion Aligner

To align reset teeth properly, it may be necessary to strip interproximally, in these cases:

Stripping Preference(s):

UPPER- 3 2 1 1 2 3 L

Strip where indicated

Strip and notify me where

Do not strip

Reset Preference(s):

UPPER- 2 1 / 1 2 L

Reset where indicated

Over Correct where indicated

Do not reset

Master Rx on File # _____

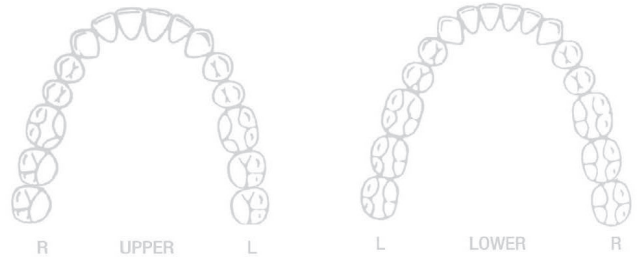
Special Instructions: _____

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. Select a cold cure color option ONLY!

- Decal Rainbow Tropical Tones Contemporary
- Neon Glow Galaxy Glitter MagiCryl®2

Please specify color and/or decal # choice: _____



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						

License #: _____

Dr. Signature: _____