DIAGNOSTIC STUDY MODEL PRESCRIPTION

Great Lakes DENTAL TECHNOLOGIES

PLEASE PRINT

Account # LO _____ **PO #** _____

BILLING ADDRESS

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

DOCTOR: _____

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

_____

CITY: _____ STATE: _____ ZIP: _____

Provide Country & City Code

PHONE: (_____) _____

FAX: (_____) _____

EMAIL: _____

PATIENT: _____ AGE: _____
PLEASE PRINT

DATE SHIPPED:

DATE DUE:
1 day before appointment

LAB USE ONLY **Incoming #** cases 1 2 3 4 5+

Customer Used: ❒ GLO Acct ❒ 2 Day On Call

❒ Portal Upload - No Frt (99) ❒ Cust Acct - No Frt (99)

❒ 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)

VERY IMPORTANT:

Pack void of the impression with cotton rolls and/or wet paper towels. This keeps the alginate moist and the packing prevents the alginate from pulling away from the tray sides. Seal in plastic bag to hold moisture - DO NOT put prescription in with wet impression. In the winter months, avoid the outdoor postal drop boxes, add a small amount of alcohol mixed with water to dampen the packing material may help prevent freezing. Brackets, bands, and lingual attachments will remain unless otherwise noted.

Model Type:

☐ Plaster
☐ **Plaster ABO Specifications (Advanced Notification Required - 8 week minimum turnaround or 50% overtime surcharge may apply)**

White Plastic- available in standard malocclusions only, please inquire.

Trimming Preference:

If not noted, trimming will be Tweed. (Standard)
☐ Tweed
☐ Parallel

Please Indicate:
☐ Wax bite provided to locate centric occlusion
☐ Complete trimming procedure with wax bite in place

Left Molar- Class _____

Right Molar- Class _____

OJ _____ mm Crossbite _____ mm

OB _____ mm Openbite _____ mm

Finish:

☐ Pour and Trim Only
☐ Pour, Trim and Carve
☐ Pour, Trim, Carve and Polish

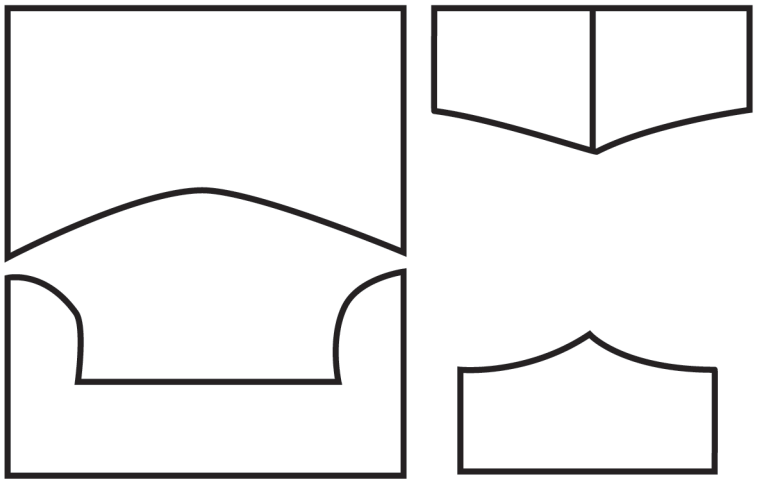
Impression Trays:

If not noted, all non-metal trays will be discarded. (Standard)
☐ Disposable
☐ Return Trays
#U _____ Type _____
#L _____ Type _____

*Pre-poured models will not be accepted unless duplication is requested.

Labeling Instructions:

(We provide clear labels with black lettering)



Digital Pictures Available: Additional Fee

We will provide digital photos of 5 individual views of models.
Choose delivery option below.

☐ Via email:
Email Address _____
Print Clearly

☐ Provide CD

License #: _____

Dr. Signature: _____

☐ Master Rx on File # _____

Special Instructions: _____