

DIGITAL MODEL PRESCRIPTION



Great Lakes Orthodontics, Ltd.
 200 Cooper Avenue, Tonawanda, N.Y. 14150
 Toll Free: 800-828-7626

Account #

PO #

B Practice Type:
I (i.e.: ortho, GP, pedo, prostho, oral surgeon, commercial lab.)

L DOCTOR:

N ADDRESS:

A CITY: STATE: ZIP:

D PHONE: ()

R FAX: ()

E EMAIL:

PATIENT: D.O.B.

INTERNAL REFERENCE #:

Date Shipped:

Date Due:

1 day before appointment

LAB USE ONLY

Disinfected

0 1 2 3 4 5 6 7 8 9

Rcvd:

B#

Via:

QC

Ship:

Needs DD Call

Rec:

NO BITE / MDL-B/C

Doc #

Digital ID#

Please Provide: Boxes Labels
 Rx (specify appliance type):

IMPORTANT PLEASE READ : *If you would like any appliance fabricated on your printed models please specify this under special instructions or if you have a Master Rx on file specify this where indicated below.

Digital Master Rx on file:

Appliance Master Rx on file:

Please Call Me

Sent to Great Lakes

STL File Impressions Models Bite

DIGITAL MODEL FILES

Both Upper Lower

Add work model base

Add study model base

Base Options

Tweed

Parallel

Finish

Anatomical Portion

Rough Finish – no clean up or sculpting

Complete – fully sculpted

PRINTED RESIN MODELS

Segmental Model Print

Upper

Anterior 3-3

Pt. Left

Pt. Right

Lower

Anterior 3-3

Pt. Left

Pt. Right

Work Model Print-Horseshoe

6mm beyond gingival margin

Minimal base w/palate and lingual anatomy

Study Model Print

Both Upper Lower

Minimal base 3-5mm per arch

Full base 2 ¾" (70mm) total height

License #:

Dr. Signature:

Special Instructions: