

**PLEASE PRINT**

**Account # LO** \_\_\_\_\_ **PO #** \_\_\_\_\_

**B I L L I N G** PRACTICE TYPE: \_\_\_\_\_  
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Specify if ship to address is different)

**A D D R E S S** CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_  
FAX: (\_\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

PATIENT: \_\_\_\_\_ AGE: \_\_\_\_\_  
**PLEASE PRINT**

DATE SHIPPED: \_\_\_\_\_

DATE DUE: \_\_\_\_\_  
1 day before appointment

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)  
 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.**

**Elastodontics® Appliance \*Appliance Protection Program Available**

Maxiomandibular appliance made of a highly flexible silicone elastomer. Design options may be used to enhance tooth alignment, appliance retention, and arch expansion. May be used as partial, complete, or finishing treatment device.

**Elasto Aligner Options:**

- No Attachments (Remove Brackets)
- Over Brackets - Hooks Will Be Removed
- Remove Material Over Bracket (Provides Greater Elasticity)
- Inner & Outer Bow
- Inner Bow Only
- No Air Holes

**Silicone Material:**

- Colors:  Clear  Red  Green  Blue  Yellow  
 Glitter:  Gold  Silver  Red  Blue  Purple  
 Heavy (1-2mm Tooth Movement)  
 Medium (2-3mm Tooth Movement)  
 Light (3-4mm Tooth Movement)

**Special Note:**

1. When ordering any Elastodontics® appliance where the brackets will remain in place, it is critical to remove the archwire when taking the impression.
2. Contraindications for use of Elastodontics® appliances include patients with significant airway restrictions and/or bruxing habits.

**Tooth Positioner Appliance \*Appliance Protection Program NOT Available**

Maxiomandibular appliance made of a pressure laminated EVA material. This device is primarily used for finishing of conventionally treated orthodontic cases. Even the lightest of materials here possess limited flexibility compared to the Elastodontics® materials.

**Positioner Material:**

- Firm (available in colors, see below)
- Upper-  Clear  Blue  Yellow  Green  Red  Orange  Purple
- Lower-  Clear  Blue  Yellow  Green  Red  Orange  Purple
- Light (Clear Only)

**Options:**

- Air Holes (Standard)  No Air Hole  Air Holes (Large)
- Retention Clasps (Standard between 5 - 6) Distal to UPPER-  4  5  6  
Distal to LOWER-  4  5  6
- Rotation Inserts:  
UPPER-  Right  1  2  3 /  Left  1  2  3  
LOWER-  Right  1  2  3 /  Left  1  2  3

**Finishing**

<b>Thickness:</b>	<b>Height:(From Gingival Margin)</b>	<b>Finish Appliance Distal To:</b>
<input type="checkbox"/> Standard 3mm	<input type="checkbox"/> Standard 3mm	UPPER-
<input type="checkbox"/> Thick 4mm	<input type="checkbox"/> High 4mm	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
<input type="checkbox"/> Thin 2mm	<input type="checkbox"/> Short 1mm	LOWER-
<input type="checkbox"/> Other: (Please Specify)	<input type="checkbox"/> Other: (Please Specify)	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

**Auxiliaries**

- Mandibular Stabilizer  155-027
- Head Strap Type (NewGear)  
Colors:  Black  White  Purple  Red  Green
- High (Vertical) Pull System-  
 Small (under 5)  Medium (5-8)  Large (9 & older)
- Cervical (Horizontal) Pull System
- Combi Pull (Cervical and High)

**Diagnostic Set-Up**

Laboratory standards (zero based occlusion) was developed for alignment of teeth (see our Laboratory catalog). On occasion, these standards may not be achieved. Communication via this form will enable the lab to supply the highest quality appliance possible.

**Set-Up Options:** (select all that apply)

- Reset All Teeth  Reset Teeth as noted: (1 - 32)
- Do Not Reset Teeth UPPER- Indicate Tooth # (s)- \_\_\_\_\_
- Remove Brackets & Bands LOWER- Indicate Tooth # (s)- \_\_\_\_\_
- Remove Bonded Lingual Retainer
- Diagnostic Set-up Only - **No Appliance**

**Set-Up Type:**

- Ideal Correction (not possible on all cases)
- Realistic Correction (as close as possible)
- Maintain Cross Bite
- Maintain Molar Relationship

**In Case Of Discrepancy** between upper and lower arches, I prefer:

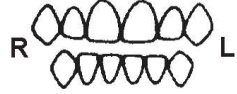
- Good CL. I Molar Relation
- Space Between Cuspid & Bicuspid
- Good CL. I Cuspid & Bicuspid
- Space Between Lateral & Cuspid

**Space Closure:**

- Close All  Maintain Overbite
- Close As Feasible  Set Overbite To: \_\_\_\_\_ mm
- Leave Space Between: \_\_\_\_\_  Maintain Overjet
- Set Overjet To: \_\_\_\_\_ mm

**Midlines:** Please indicate patients current midline position

- Maintain  Align  Other: \_\_\_\_\_



Define Discrepancy of Dental Midlines:  
Upper to lower midline deviates to Pt.  R or  L by \_\_\_\_\_ mm

**Blockout:**

- Wax In Lingual Wire
- Wax In Erupting Teeth as noted: (1 - 32)  
UPPER- Indicate Tooth # (s)- \_\_\_\_\_  
LOWER- Indicate Tooth # (s)- \_\_\_\_\_

**Arch Width:**

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <b>Upper</b>                       | <b>Lower</b>                       |
| <input type="checkbox"/> Maintain  | <input type="checkbox"/> Maintain  |
| <input type="checkbox"/> Constrict | <input type="checkbox"/> Constrict |
| <input type="checkbox"/> Widen     | <input type="checkbox"/> Widen     |

**Arch Form:(Pentamorphic)**

- Normal
- Tapered
- Narrow Tapered
- Ovoid
- Narrow Ovoid

**Articulator Type:**

- Ceph Tracing
- SAM I & II
- SAM III
- Hanau
- Denar
- Panadent
- Whip-Mix
- Other: \_\_\_\_\_

**Lower Occlusal Plane:**

- Best Fit Curve of Spee 8, 10 or 12" Curve
- Flat
- Other: \_\_\_\_\_

License #: \_\_\_\_\_  
Dr. Signature: \_\_\_\_\_

Master Rx on File # \_\_\_\_\_

Special Instructions: \_\_\_\_\_