

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: (____) _____

COUNTRY & CITY CODE: _____ 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: _____

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.

PLEASE READ

Brackets and Lingual Attachments will remain unless otherwise noted.

Functional Appliance

Wax Bite Preparation:

- Bionators and orthopedic correctors "to open or maintain", wax bite must have an anterior vertical opening of **2 to 3mm**.
- Bionators and orthopedic correctors "to close or maintain", wax bite must have a posterior vertical opening of **2 to 3mm**.

Appliance Type:

	To Open	To Close	To Maintain
Balters Bionator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Bionator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bionator w/Expansion Screw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bionator - Sondhi Modification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Williamson Orthopedic Corrector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Corrector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activator Appliance

Wax Bite Preparation:

- Activator construction bite with edge to edge relationship, 7-12mm posterior vertical opening.

- Woodside Activator L.S.U. Activator Harvold Activator Teuscher Activator
 Hamilton Activator Hamilton Holding Appliance

Active Plates

Wax Bite Preparation:

- Sagittals and transverse appliances, wax bite must have a posterior opening of **2 to 3mm**.

- Upper 2-way Sagittal Lower 3-way Sagittal
 Upper 3-way Sagittal Transverse
 Lower 2-way Sagittal Woodside Spring Loaded Bite Block
 Inman Bonded Crossbite Appliance

Frankel Appliance

IMPORTANT: To maximize patient's tolerance and clinical results, models should accurately reflect the resting anterior and posterior depth of patient. Backs of models should be trimmed to construction bite. Construction bite must have at least 3mm interocclusal clearance in bicuspid area to allow clearance for crossover wire.

Appliance Type Required:

- FRI FRII FRIII FRIV FRV

Lower Lingual Springs: YES NO

Lower Anterior Acrylic Cap (not available on FRIII)

Preparation Of Models:

- Do not alter models
- Alter relevant soft tissue areas to customary shape and depth
- Alter relevant soft tissue areas per my special instructions below

Notching Teeth:

Deciduous Teeth (Doctor will notch patient's dentition between max. C's and D's and distal of E's)
 YES NO

Permanent Teeth (Doctor will place separators between max. 3's and 4's, and between 5's and 6's)
 YES NO

Relief For Lateral Expansion:

Standard FRI, FRII, FRIV, FRV } Max. 3mm Mand. 1/2mm
FRIII } Max. 3mm Mand. 0mm

Alternate (PLEASE STATE MEASUREMENTS)

Max. Left _____ Max. Right _____
Mand. Left _____ Mand. Right _____

Twin Block Appliance

- Standard (Maxillary Midline Screw Only)
- McNamara Modifications (2-Max Screws, Mand Acrylic Ext)
- Expansion (Max/Mand Midline Screws, Mand Acrylic Ext)
- Sagittal Expansion: Upper 2 Way Lower 2 Way
 Upper 3 Way Lower 3 Way

Twin Block construction bite with 5-7mm advancement, 5mm vertical opening in deciduous molar/bicuspid area.

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: _____

Auxillaries

Labial Bow: Hawley Olympic Other _____ None

Retention Clasps: Adams Arrow Ball Buccal Tube Delta
 Circumferential Claspless Other- _____

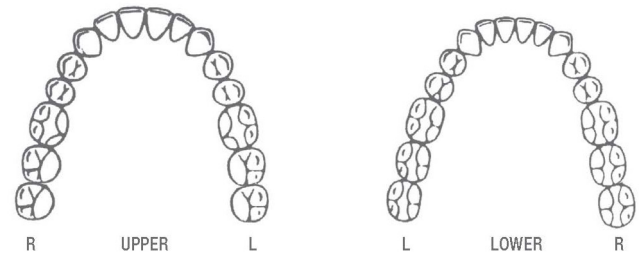
Relief: **Occlusal:** Upper Posterior Lower Posterior
Lingual: Upper Anterior Lower Anterior

- Options:** Headgear Hooks Upper Molar Spring Lower Molar Spring
 Air Holes Expansion Screw Headgear Tubes .045
 Tongue Crib Other- _____
 Remove Brackets
 Brackets Remain - Please specify alternate clasping for retention

Dental Midline Consideration: If no indication, we will follow bite registration.



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



License #: _____

Dr. Signature: _____

Master Rx on File # _____

Special Instructions: _____