

**GENERAL LAB  
PRESCRIPTION**



**PLEASE PRINT**

Account # L0 PO # \_\_\_\_\_

**B** PRACTICE TYPE: \_\_\_\_\_  
(i.e., ortho, GP, pedo, prosthodontist, oral surgeon, commer. lab)

**I** DOCTOR: \_\_\_\_\_

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

**I** CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**N** PHONE: (\_\_\_\_) \_\_\_\_\_

**G** FAX: (\_\_\_\_) \_\_\_\_\_

**A** EMAIL: \_\_\_\_\_

**D** PATIENT: \_\_\_\_\_ AGE: \_\_\_\_\_

**R** *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: \_\_\_\_\_

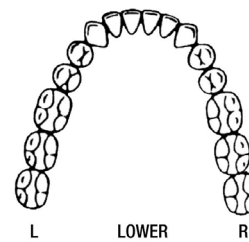
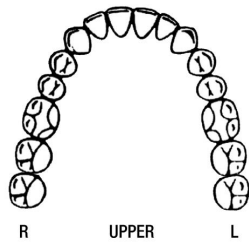
NO BITE / MDL - B / C \_\_\_\_\_ Source: \_\_\_\_\_

Align ID# \_\_\_\_\_ Dig ID# \_\_\_\_\_

**Please Provide:**

Boxes  Labels  
 Rx (specify appl. type): \_\_\_\_\_

**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.**



**Color - Decal #**

**Removable Appliance**

- Arch:  Upper  Lower
- Adams Clasp  Circumferential Clasp
  - Arrow Clasp  Bite Plate
  - Ball Clasp  Expansion Screw
  - Buccal Tube Clasp  Spring: draw or specify type
  - Pontic Shade: \_\_\_\_\_

**Spring Aligner**

- Arch: UPPER-  Right  1  2 /  Left  1  2  
 LOWER-  Right  1  2 /  Left  1  2

**Color - Decal #**

**Fixed Appliance**

- 3 x 3  4 x 4  5 x 5  6 x 6 - Soldered Lingual Arch
- Space Maintainer
- Rapid Palatal Expander  HAAS RPE
- Quad Helix Appliance
- Nance Button Appliance
- Tongue Crib Appliance

**Functional Appliance**

- Twin Block  Herbst
- Other \_\_\_\_\_

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

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

License #: \_\_\_\_\_

Dr. Signature: \_\_\_\_\_