

**MARPE APPLIANCE
PRESCRIPTION**



PLEASE PRINT

Account # C0 _____ **PO #** _____

B I L L I N G PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prostho, 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

LAB USE ONLY Incoming # cases _____

Customer Used: GLO Acct 2 Day On Call

Portal Upload - No Frt (00) Cust Acct - No Frt (00)

Disinfected 0 1 2 3 4 5 6 7 8 9

Rcvd: _____

B# _____ Via: _____

Shipment Date _____ Planned Shipment Date _____

(QC): _____ (LPD): _____

Estimated Delivery Date _____ Promised Delivery Date _____

ND _____ (Rec): _____

NO BITE / MDL - B / C Source: _____

Align ID# _____ Dig ID# _____

Please Provide: Boxes Labels

Rx: _____ Qty: _____
(specify appliance type)

IMPORTANT! Always retain models and bite until appliance is seated when applicable. Damage to models may occur during fabrication, please mark Rx if duplication (additional fee) of model(s) is required.

EXPANSION SCREW TYPE:

Powerscrew:
 8 10 12 14 Largest that will allow

Leone:
 8 10 12

NUMBER OF TADS:
 2 4 6 8

IMPORTANT:

- Check box for optional (LIVE) video "Implant Planning Session"
- Check box if ACR drivers for TAD "install" are needed

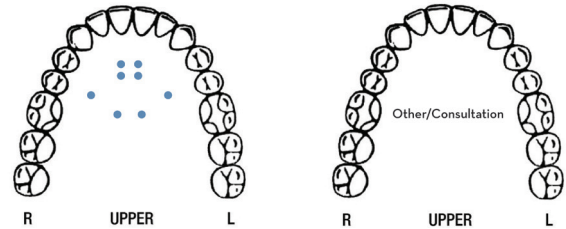
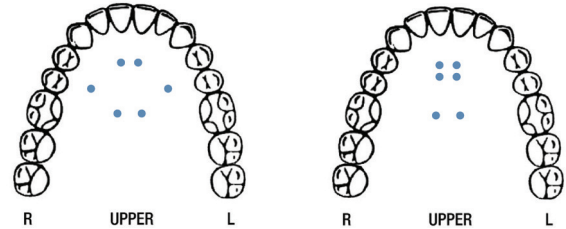
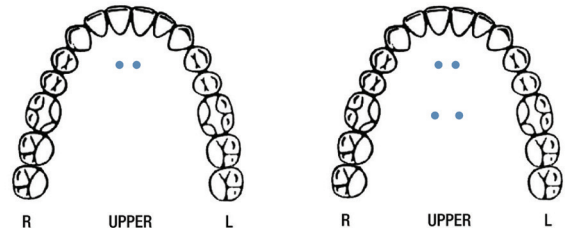
TEETH TO BE BANDED: *Sintered Bands Only

LINGUAL ARMS:

AUXILIARIES/ADDITIONAL PARTS:

NOTES:

TAD PLACEMENT:



SEND TADS WITH CASE:

Yes No

Master Rx on File # _____

License # _____ Dr. Signature: _____