

**MARPE APPLIANCE  
PRESCRIPTION**



**Great Lakes®**  
DENTAL TECHNOLOGIES

**PLEASE PRINT**

**\*\*REQUIRED\*\***

PATIENT: \_\_\_\_\_ AGE: \_\_\_\_\_

**Account # C0**

**PO #**

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PRACTICE TYPE:

(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

DOCTOR:

ADDRESS:

(Specify if ship to address is different)

CITY:

STATE:

ZIP:

Provide  
Country &  
City Code

PHONE: ( )

FAX: ( )

EMAIL: \_\_\_\_\_

Email for Communication & Approvals

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: \_\_\_\_\_

Campaign: \_\_\_\_\_

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

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

**Please Provide:** ☐ Boxes ☐ Labels

☐ Rx: \_\_\_\_\_ Qty: \_\_\_\_\_  
(specify appliance type)

**ATTENTION: Failure to upload the CBCT (.dcm) and intraoral scan (.stl) files will postpone the start of the design process, potentially resulting in a later deliver date. If you require assistance in uploading to the portal, please contact our Lab Customer Service team at 1-800-828-7626 ext. 132.**

**EXPANSION SCREW TYPE:**

☐ Powerscrew:

☐ 8 ☐ 10 ☐ 12 ☐ 14 ☐ 16 ☐ 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

☐ Check box if patient is receiving surgical intervention

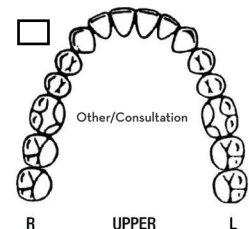
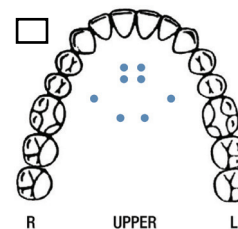
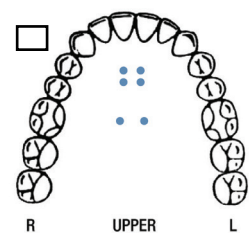
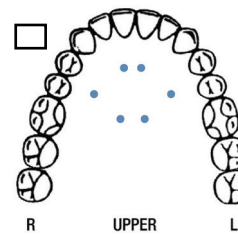
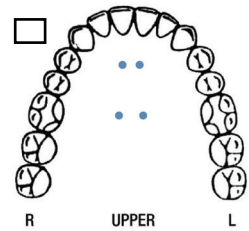
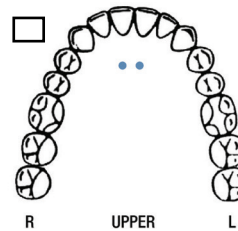
**TEETH TO BE BANDED: \*Sintered Bands Only**

**LINGUAL ARMS:**

**AUXILIARIES/ADDITIONAL PARTS:**

**NOTES:**

**TAD PLACEMENT:**



**SEND TADS WITH CASE:**

☐ Yes ☐ No

☐ Master Rx on File # \_\_\_\_\_

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