

**REMOVABLE APPLIANCE
PRESCRIPTION**



PLEASE PRINT

Account # LO _____ **PO #** _____

BILLING
ADDRESS
 PRACTICE TYPE: _____
 (i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)
 DOCTOR: _____
 ADDRESS: _____
 (Specify if ship to address is different)
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: (_____) _____
 FAX: (_____) _____
 EMAIL: _____
 PATIENT: _____ AGE: _____

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: _____
 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.**

When forwarding a Removable appliance to the laboratory, we suggest the opposing arch should be included with any case where occlusal interference of clasps is a concern.

Appliance Options Upper Lower Both (Please specify)

Labial Bow: Hawley 3 x 3 Wraparound Soldered to Clasp
 Add 2 x 2 Acrylic QCM Other: _____

Clasps: Adams Circumferential Ball Arrow Buccal Tube
 Occlusal Rest Finger Sage Delta

Springs: Finger "S" Soldered Mousetrap Crossover
 Mushroom Other: _____

Placement of spring as noted (1-32):
 UPPER- Indicate Tooth # (s)- _____
 LOWER- Indicate Tooth # (s)- _____

Expansion Screws:
 Standard Spring Loaded Open Three Way Fan Type
 One Tooth Micro (requires screwdriver) Micro Screwdriver

Auxiliaries: Plastic Pontic; Manufacturer Name _____
 Shade # _____
 Habit Crib: Loops Spurs

Option: Brackets or Lingual Retainer: Remain Please Carve

Bite Planes: Provide opposing arch if articulation required
 Anterior Posterior Incline

Lab Use: Dup No Bite Reset Base Pontic Blok Out Sold Laser Dr Band Band
 MG-STD MG-MED MG-HVY BT-STD BT-LMN
 Drs Prprty- Drs Art Drs Bite Fork Drs Jig CNC
 Dr Mount Art# _____ Dr Pin _____ Lab Pin _____
 DENAR _____ SAM-2 SAM-3 WHPMX ARTEX STRATOS
 HAN HINGE PANDNT KAVO

Master Rx on File # _____

Special Instructions: _____

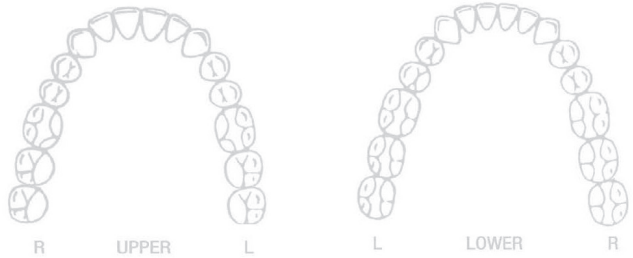
Other Appliance Choices

Tremont Cantilever Wraparound
 ClearBow™
Invisible Retainer:
Appliance Options Upper Lower Both (Please specify)
 Essix™ Design .75mm (3 x 3 coverage only)
 Invisible Retainer 1mm (Full arch coverage)
 Marginal Trim Scallop Trim (additional fee)

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-
 Biocryl Pattern Glitter Decal Rainbow Tropical Tones
 Contemporary Neon Glow Galaxy Glitter MagiCryl@2

Please specify color and/or decal # choice: _____



License #: _____
 Dr. Signature: _____