

PLEASE PRINT

Account # LO _____ **PO #** _____

B I L L I N G PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

DATE SHIPPED: _____

DOCTOR: _____

DATE DUE: _____
1 day before appointment

ADDRESS: _____
(Specify if ship to address is different)

CITY: _____ STATE: _____ ZIP: _____

A D D R E S S PHONE: (_____) _____
Provide Country & City Code FAX: (_____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

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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)

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.

SMART MOVES CLASSIC ALIGNER

May include a maximum of 3 setup stages that include 2 appliances per stage, per impression. In sequence, the first aligner is Hard/Soft followed by a second of hard material. Each should be worn for 2-3 weeks. If further correction is required to reach desired alignment a new impression needs to be provided after initial movement has been achieved. **Please note: when requested, resetting canines may not produce predictable results.**

Smart Moves Classic Method:

Appliance Options Upper Lower Both (Please specify)

- 3 Set ups, 6 trays
- 2 Set ups, 4 trays
- 1 Set up, 2 trays

- No quote needed, ok to fabricate
- Call with quote, before fabrication

To align reset teeth properly, interproximal reduction may be necessary.

Stripping Preference(s):

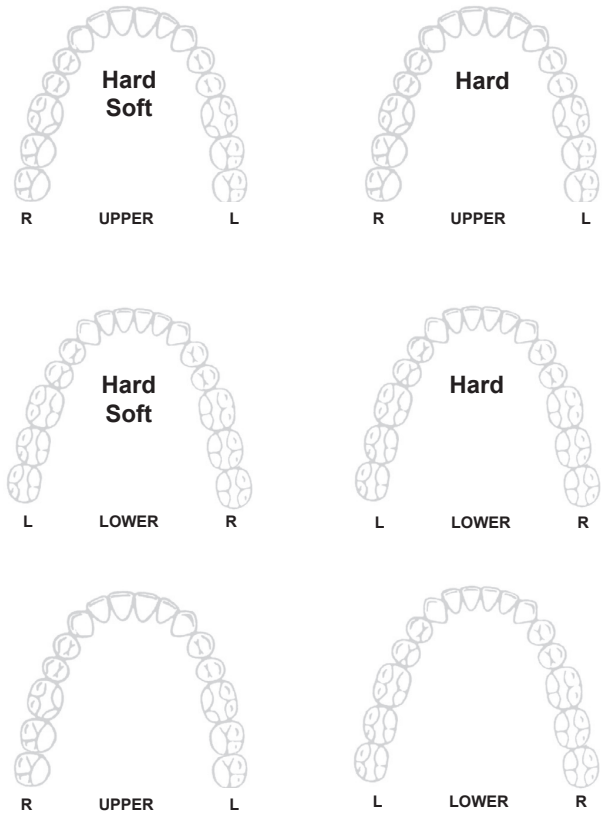
- Strip as needed (Standard) UPPER- 3 2 1 1 2 3 L
- Strip where indicated LOWER- 3 2 1 1 2 3 R
- Do not strip

Reset Preference(s):

- Reset as needed UPPER- 2 1 / 1 2 L
- Reset where indicated LOWER- 2 1 / 1 2 R
- Over correct where indicated

Auxiliaries: **Transfer tray(s) will be provided

- Add retention buttons as needed
- Add buttons to intrude/extrude where indicated



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

License #: _____
Dr. Signature: _____

Master Rx on File # _____

Special Instructions: _____