

**SMART MOVES CLASSIC
PRESCRIPTION**



Great Lakes Orthodontics, Ltd.
200 Cooper Avenue, Tonawanda, N.Y. 14150
Toll Free: 800-828-7626

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 Doc# _____
Align ID# _____ Dig ID# _____

PLEASE PRINT

Account # **LO** _____ PO # _____

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

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

Please Provide: Boxes Labels
 Rx: _____ Qty: _____
(specify appliance type)
 Appliance Protection Program (additional fee)

PLEASE PRINT

**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):

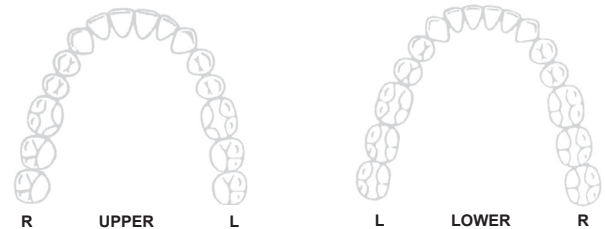
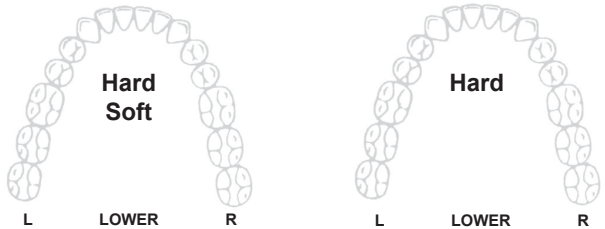
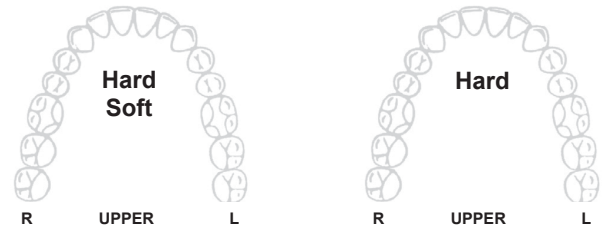
Strip as needed (Standard) UPPER- R 3 2 1 1 2 3 L
 Strip where indicated
 Do not strip LOWER- 3 2 1 1 2 3

Reset Preference(s):

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

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

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



Lab Use Only: Block Out Base Dup D.C. Art. Pour
 Resets Pontics Sold. St. M.G. Med. M.G. H.M.G.
Bleaching Tray- Reg. Dura-Soft (Lemon)

License #: _____
Dr. Signature: _____

Master Rx on File # _____

Special Instructions: _____