

**PERIO PROTECT TRAY™
PRESCRIPTION**



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

PLEASE PRINT

Account # LO _____ **PO #** _____

PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prostho, oral surgeon, commer. lab)

DOCTOR: _____

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

CITY: _____ **STATE:** _____ **ZIP:** _____

Provide **PHONE:** (____) _____

Country & City Code **FAX:** (____) _____

EMAIL: _____

PATIENT: _____ **AGE:** _____

PLEASE PRINT

LAB USE ONLY

Disinfected **D#** _____

0 1 2 3 4 5 6 7 8 9

Rcvd: _____

B# _____ Via _____

QC: _____ Shp: _____

Needs DD Call Rec: _____

NO BITE / MDL - B / C

Please Provide:

DATE SHIPPED:

DATE DUE:

1 day before appointment

Boxes Labels

Rx (specify appl. type): _____

Perio Protect Tray™

IMPORTANT!

- Model quality, buccal, lingual and distal flange extension as well as gingival detail is vital to proper tray fabrication.
- Unless noted the lab will provide the patented seal preparation for the full arch.
- For the most accurate seal please provide bleeding index and/or pocket probing analysis.
- Lingual attachments will remain unless noted to carve.
- Work models stored at the lab for 30 days in case duplicate trays are required. If you would like a duplicate of your original model (additional fee), please check option below.

TRAY TYPE:

Gingivitis: Both Upper Only Lower Only

Periodontitis: Both Upper Only Lower Only

Maintenance Tray: Both Upper Only Lower Only

Please indicate tooth #'s below if seal preparation must be modified.

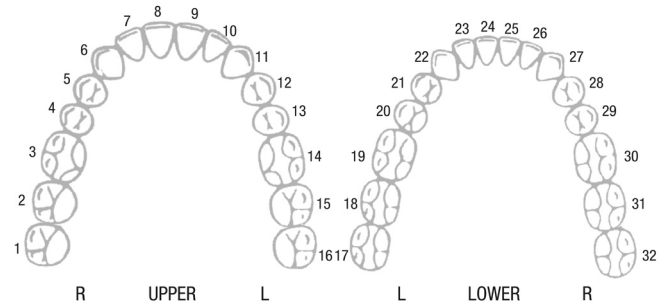
- Please send complete Home Care Kit (additional)
- Please duplicate my models (additional)
- Please provide custom impression trays (additional)

Master Rx on File # _____

Special Instructions: _____

Perio Protect Trays™ are a registered medical device subject to the FDA code of Federal Regulations, Title 21, Parts 800 to 898. Only FDA registered laboratories like Great Lakes Orthodontics, Ltd., are authorized to fabricate the tray system.

LAB USE ONLY:



License #: _____

Dr. Signature: _____

CUSTOMER RETAIN YELLOW COPY - RETURN WHITE COPY TO LABORATORY

Local: 716-871-1161 Fax: 716-871-0550 Email: info@greatlakesortho.com Website: www.greatlakesortho.com Lab FM-10 Rev 9/25/08

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