



PLEASE PRINT

Account # LO **PO #** _____

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

DOCTOR: _____

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

A D D R E S S CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

FAX: (_____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

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

Doc# _____ Digital 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.

Crossbow (X-Bow)

Fabrication Requirements: Upper and Lower models. Bands on upper 6's (with occlusal headgear tubes) and upper 4's (if bands are not seated on upper 4's - we will provide occlusal rests), bands on lower 6's.

Standard Crossbow-Upper with RPE and Lower Frame

Upper Options: No RPE VECS Expander Palatal Bar

Lower Options: No Lower Lower Only

Please Provide: Additional Charge

- Adapt FRD Hardware (Incl: Universal Springs, Push Rods and "L" Pins)
- Gurin Locks (2)
- Add Wrench
- E-Z Module Springs

Herbst Fabrication Options

Note: To provide the most technically accurate Acrylic Splint Herbst appliance, we ask that you provide a construction bite in which the mandible has been advanced 3-4mm and has a 2-3mm vertical opening in the incisor region. For the all metal Herbst the advancement remains the same, the vertical opening is eliminated, and you may either mark models in construction position or provide a bite.

Clasping For Retention

Ball Clasps Adams Clasps No Clasping Other _____

Acrylic Splint Design:

Upper- (All choices include posterior coverage)

- Standard Removable - Full Cuspid Coverage
- Standard Bonded - Lingual Extension on Cuspids
- Optional Removable - Includes Incisal Cap

Lower- (All choices include posterior coverage)

- Standard Removable - Includes Incisal Cap
- Standard Bonded - Lingual Extensions on Cuspid
- Option - Full Cuspid Coverage

Banded or Crowned Design:

If not noted, the lab will carve brackets and remove lingual retainers when present.

Upper-Please Provide:

- Bands Rolo Bands Heavy Duty Bands Crowns
- Keep Brackets Grind Brackets Carve Brackets Off Models

Lower-Please Provide:

- Bands Rolo Bands Heavy Duty Bands Crowns
- Keep Brackets Grind Brackets Carve Brackets Off Models

Cantilever Design:

- Mayes Cantilever
- Dischinger Design

Crowns are Available in Standard Sizes Only:

If tooth requires an in-between size do you prefer-

- A Loose Fit A Snug Fit A Phone Call

Herbst Hardware Options

- Standard - Hex Head Screw Please add adhesive to pivots
- Slot Head Hanks Telescoping Flip-Lock
- Mini Scope w/Apple Core Screws Other _____
- Add Crimpable Shims (4 Pk) 1mm 2mm

Bonded Appliances (not as part of Herbst Appliance)

- Bonded Palatal Expander
- Bonded Palatal Expander with Facial Mask Hooks
- Bonded Palatal Splint with Facial Mask Hooks

Special Instructions: _____

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. Select a cold cure color option ONLY!

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

Please specify color and/or decal # choice: _____

Please Provide

Adaptable Class III Mask

- Standard Size 9-1/2" Pedo Size 7-1/2"
- Retention Elastics (pkg/50)

Herbst Advancement Kit 265-107 (Shims available individually by size)

EZ Key 140-020 (pkg/10)

All Metal Keys 140-001 (pkg/25)

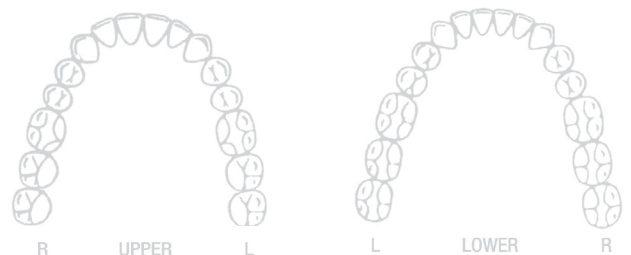
Comfort Caps™ (pkg/20) Comfort Solution

- For Crossbow
- For Herbst

Auxiliaries

- Palatal bar
- Upper molar rests
- Upper bicuspid rests
- Lower lingual wire
- Lower molar rests
- Lower bicuspid rests
- .040 Headgear Tubes
- .045 Headgear Tubes
- .051 Headgear Tubes
- Hook on Tube
- .018 Buccal tubes upper lower
- .022 Buccal tubes upper lower w/hook
- Double Buccal tubes ^{0.028} x ^{0.028} HGT w/hook
- Add Rapid Palatal Expander
- Lower Expansion Screw
- Facial Mask Hooks
- Debonding Screws (2)
- Debonding Loops
- Vent holes in crowns (occlusal)
- Other, please specify _____

Midlines: Please indicate patients current midline position. If no indication, we will follow bite registration.



License #: _____

Dr. Signature: _____

Master Rx on File # _____