

**ALIGNER APPLIANCE
PRESCRIPTION**



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

PLEASE PRINT

Account # LO **PO #** _____

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

DOCTOR: _____

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

ADDRESS CITY: _____ STATE: _____ ZIP: _____

Provide PHONE: (_____) _____
Country & City Code FAX: (_____) _____

PATIENT: _____ AGE: _____

PLEASE PRINT

DATE SHIPPED: _____

DATE DUE: _____

1 day before appointment

Please Provide: Boxes Labels Rx (specify appl. type): _____ Qty: _____

Appliance Protection Program (additional fee)

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

IMPORTANT! Always retain models and bite until appliance is seated. Should a problem occur, warranty is voided if original model(s) or bite is not returned. 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 following:

- Upper and Lower model is required to avoid occlusal interferences.
- Stone work model. NOTE: Thickness of the base should be 7mm in the deepest portion of the palatal area.
- A wax bite and opposing model should be included when a bite plate is to be added.
- If not noted, the lab will carve brackets and remove lingual retainers when present.
- Please note: when requested, resetting canines may not produce predictable results.*

SPRING ALIGNER

Please Choose- Upper Lower Both

Option: (For best retention please do not exceed the recommended movement per tooth listed below)

3 X 3 Aligner / For 2-2 movement **Max. Reset per Tooth**
 Aligner (Anterior Clip Only) 1/2 to 1mm
 Modified (w/Acrylic Ext.) 1 to 1-1/2mm
 Modified (w/Wire Ext.) 1 to 1-1/2mm
 Super Spring Design (w/Acrylic Ext.) 1-1/2 to 2mm

4 X 4 Aligner / For 3-3 movement **Max. Reset per Tooth**
 Aligner (Anterior Clip Only) 1/2 to 1mm
 Modified (w/Acrylic Ext.) 1 to 1-1/2mm
 Modified (w/Wire Ext.) 1 to 1-1/2mm
 Super Spring Design (w/Acrylic Ext.) 1-1/2 to 2mm

INMAN ALIGNER (Please Specify Resets)

Please Choose- Upper Lower Both

Standard Aligner Expansion Aligner

OTHER APPLIANCE OPTIONS (Please Specify Resets)

Please Choose- Upper Lower Both

- Invisible Inman (Lingual to Labial Movement Only)
- Bowman Consolidator
- Consolidator (NO Resets Required)

Master Rx on File # _____

Special Instructions: _____

Indicate stripping and/or reset preferences.

To align reset teeth properly, it may be necessary to strip interproximally, in these cases:

Stripping Preference: Do not strip Strip where indicated Strip and notify me where

R	3	2	1	1	2	3	L
	3	2	1	1	2	3	

Reset(s) Preference: Do not reset Reset where indicated

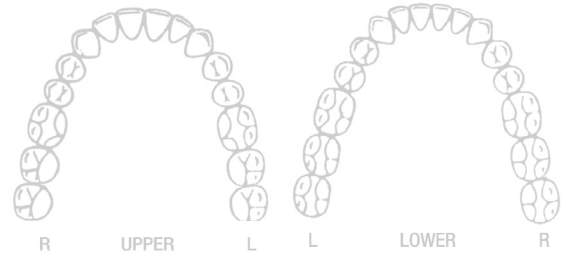
R	3	2	1	1	2	3	L
	3	2	1	1	2	3	

ACRYLIC COLORS (Cold Cure)

Clear(standard) Clear Pink Clear Blue

Refer to website or lab catalog for a variety of cold cure colors available.

Please specify choice: _____



Lab Use Only

Base Dup DC Resets Pontics Solder
 Art SAM II SAM III D Pan

License #: _____

Dr. Signature: _____