

**DIAGNOSTIC STUDY MODEL
PRESCRIPTION**



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

PLEASE PRINT

Account # LO _____ **PO #** _____

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

DOCTOR: _____

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

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

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

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

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

VERY IMPORTANT:

Pack void of the impression with cotton rolls and/or wet paper towels. This keeps the alginate moist and the packing prevents the alginate from pulling away from the tray sides. Seal in plastic bag to hold moisture - DO NOT put prescription in with wet impression. In the winter months, avoid the outdoor postal drop boxes, and a small amount of alcohol mixed with water to dampen the packing material may help prevent freezing. Brackets, bands, and lingual attachments will remain unless otherwise noted.

Model Type:

- Plaster
- Plaster ABO Specifications (Advanced Notification Required)**

White Plastic- available in standard malocclusions only, please inquire.

Trimming Preference:

- Tweed
- Parallel

Please Indicate:

- Wax bite provided to locate centric occlusion
- Complete trimming procedure with wax bite in place

Left Molar- Class _____

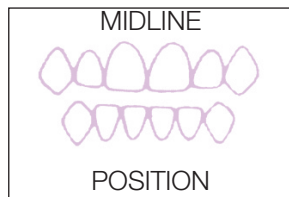
Right Molar- Class _____

OJ _____ mm

OB _____ mm

Crossbite _____ mm

Openbite _____ mm



Finish:

- Pour and Trim Only
- Pour, Trim and Carve
- Pour, Trim, Carve and Polish

Impression Trays:

If not noted, all non-metal trays will be discarded. (Standard)

- Disposable
- Return Trays
- #U _____ Type _____
- #L _____ Type _____

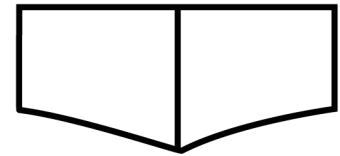
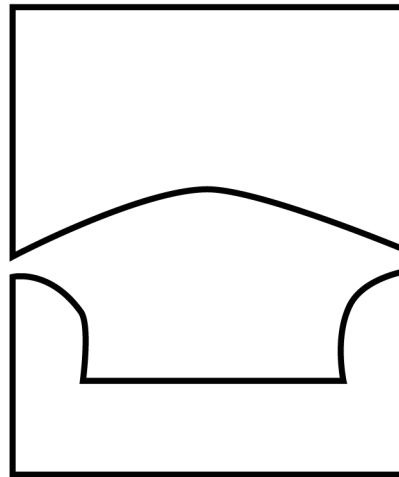
*Pre-poured models will not be accepted unless duplication is requested.

Master Rx on File # _____

Special Instructions: _____

Labeling Instructions:

(We provide clear labels with black lettering)



Digital Pictures Available: Additional Fee

We will provide digital photos of 5 individual views of models. Choose delivery option below.

Via email: Email Address _____
Print Clearly

Provide CD

License #: _____

Dr. Signature: _____