

**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, prostho, oral surgeon, commer. lab)

DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Specify if ship to address is different)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_  
*Provide Country & City Code*

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 (specify appl. type): \_\_\_\_\_  
Qty: \_\_\_\_\_

**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, add 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 - 8 week minimum turnaround or 50% overtime surcharge may apply)**

**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 \_\_\_\_\_

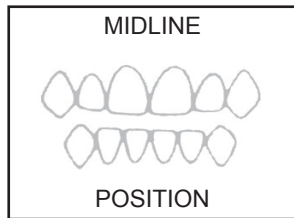
Right Molar- Class \_\_\_\_\_

OJ \_\_\_\_\_ mm

OB \_\_\_\_\_ mm

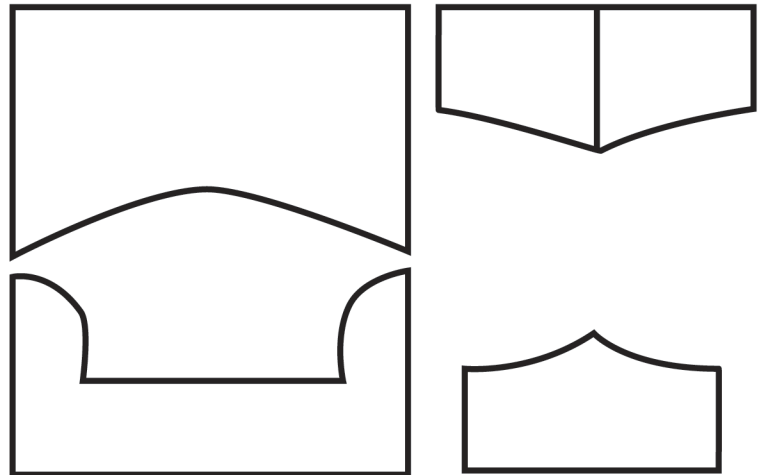
Crossbite \_\_\_\_\_ mm

Openbite \_\_\_\_\_ mm



**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: \_\_\_\_\_

**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: \_\_\_\_\_