

**ELASTODONTIC/POSITIONER
PRESCRIPTION**



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

PLEASE PRINT

Account # LO _____ **PO #** _____

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

I DOCTOR: _____

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

A CITY: _____ STATE: _____ ZIP: _____

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

R FAX: (_____) _____

E 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.

Elastodontic Appliance *Appliance Protection Program Available

Maxiomandibular appliance made of a highly flexible silicone elastomer. Design options may be used to enhance tooth alignment, appliance retention, and arch expansion. May be used as partial, complete, or finishing treatment device.

Elasto Aligner Options:

- No Attachments (Remove Brackets)
- Over Brackets - Hooks Will Be Removed
- Remove Material Over Bracket (Provides Greater Elasticity)
- Inner & Outer Bow
- Inner Bow Only
- No Air Holes

Silicone Material:

- Colors: Clear Red Green Blue Yellow
- Glitter: Gold Silver Red Blue Purple
- Heavy (1-2mm Tooth Movement)
 - Medium (2-3mm Tooth Movement)
 - Light (3-4mm Tooth Movement)

Special Note:

- When ordering any Elastodontic appliance where the brackets will remain in place, it is critical to remove the archwire when taking the impression.
- Contraindications for use of Elastodontic appliances include patients with significant airway restrictions and/or bruxing habits.

Tooth Positioner Appliance *Appliance Protection Program NOT Available

Maxiomandibular appliance made of a pressure laminated EVA material. This device is primarily used for finishing of conventionally treated orthodontic cases. Even the lightest of materials here possess limited flexibility compared to the Elastodontic materials.

Positioner Material:

- Firm (available in colors, see below)
- Upper- Clear Blue Yellow Green Red Orange Purple
- Lower- Clear Blue Yellow Green Red Orange Purple
- Light (Clear Only)

Options:

- Air Holes (Standard) No Air Hole Air Holes (Large)
- Retention Clasps (Standard between 5 - 6) Distal to UPPER- 4 5 6
Distal to LOWER- 4 5 6
- Rotation Inserts:
UPPER- Right 1 2 3 / Left 1 2 3
LOWER- Right 1 2 3 / Left 1 2 3

Finishing

Thickness:	Height:(From Gingival Margin)	Finish Appliance Distal To:
<input type="checkbox"/> Standard 3mm	<input type="checkbox"/> Standard 3mm	UPPER- <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
<input type="checkbox"/> Thick 4mm	<input type="checkbox"/> High 4mm	LOWER- <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
<input type="checkbox"/> Thin 2mm	<input type="checkbox"/> Short 1mm	
<input type="checkbox"/> Other: (Please Specify)	<input type="checkbox"/> Other: (Please Specify)	

Auxiliaries

- Mandibular Stabilizer Red Blue
- Head Strap Type (NewGear)
Colors: Black White Purple Red Green
- High (Vertical) Pull System-
 Small (under 5) Medium (5-8) Large (9 & older)
 - Cervical (Horizontal) Pull System
 - Combi Pull (Cervical and High)

Diagnostic Set-Up

Laboratory standards (zero based occlusion) was developed for alignment of teeth (see our Laboratory catalog). On occasion, these standards may not be achieved. Communication via this form will enable the lab to supply the highest quality appliance possible.

Set-Up Options: (select all that apply)

- Reset All Teeth Reset Teeth as noted: (1 - 32)
- Do Not Reset Teeth UPPER- Indicate Tooth # (s)- _____
- Remove Brackets & Bands LOWER- Indicate Tooth # (s)- _____
- Remove Bonded Lingual Retainer
- Diagnostic Set-up Only - **No Appliance**

Set-Up Type:

- Ideal Correction (not possible on all cases)
- Realistic Correction (as close as possible)
- Maintain Cross Bite
- Maintain Molar Relationship

In Case Of Discrepancy between upper and lower arches, I prefer:

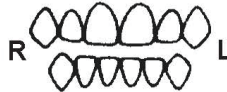
- Good CL. I Molar Relation
- Space Between Cuspid & Bicuspid
- Good CL. I Cuspid & Bicuspid
- Space Between Lateral & Cuspid

Space Closure:

- Close All Maintain Overbite
- Close As Feasible Set Overbite To: _____mm
- Leave Space Between: _____ Maintain Overjet
- Set Overjet To: _____mm

Midlines: Please indicate patients current midline position

- Maintain Align Other: _____



Define Discrepancy of Dental Midlines:
Upper to lower midline deviates to
Pt. R or L by _____mm

Blockout:

- Wax In Lingual Wire
- Wax In Erupting Teeth as noted: (1 - 32)
UPPER- Indicate Tooth # (s)- _____
LOWER- Indicate Tooth # (s)- _____

Arch Width:

- | | |
|------------------------------------|------------------------------------|
| Upper | Lower |
| <input type="checkbox"/> Maintain | <input type="checkbox"/> Maintain |
| <input type="checkbox"/> Constrict | <input type="checkbox"/> Constrict |
| <input type="checkbox"/> Widen | <input type="checkbox"/> Widen |

Arch Form:(Pentamorphic)

- Normal
- Tapered
- Narrow Tapered
- Ovoid
- Narrow Ovoid

Articulator Type:

- Ceph Tracing
- SAM I & II
- SAM III
- Hanau
- Denar
- Panadent
- Whip-Mix
- Other: _____

Lower Occlusal Plane:

- Best Fit Curve of Spee 8, 10 or 12" Curve
- Flat
- Other: _____

License #: _____
Dr. Signature: _____

Master Rx on File # _____

Special Instructions: _____