

**GENERAL LAB
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, prosthodontist, oral surgeon, commercial lab)

I DOCTOR: _____

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

I CITY: _____ STATE: _____ ZIP: _____

N PHONE: (____) _____

G Provide Country & City Code FAX: (____) _____

A EMAIL: _____

D PATIENT: _____ AGE: _____

R **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: _____

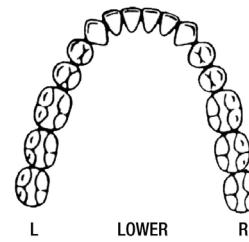
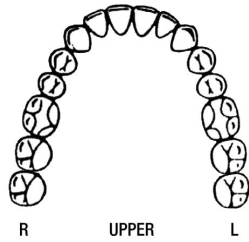
NO BITE / MDL - B / C

Doc# _____ Digital ID# _____

Boxes Labels

Rx (specify appl. type): _____

**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.**



Color - Decal #

Removable Appliance

- Arch: Upper Lower
- Adams Clasp Circumferential Clasp
 - Arrow Clasp Bite Plate
 - Ball Clasp Expansion Screw
 - Buccal Tube Clasp Spring: draw or specify type
 - Pontic Shade: _____

Spring Aligner

- Arch: Upper Lower
- | | | | | | |
|---|---|---|---|---|---|
| R | 2 | 1 | 1 | 2 | L |
| | 2 | 1 | 1 | 2 | |

Color - Decal #

Fixed Appliance

- 3 x 3 4 x 4 5 x 5 6 x 6 - Soldered Lingual Arch
- Space Maintainer
- Rapid Palatal Expander HAAS RPE
- Quad Helix Appliance
- Nance Button Appliance
- Tongue Crib Appliance

Functional Appliance

- Twin Block Herbst
- Other _____

Master Rx on File # _____

Special Instructions: _____

License #: _____

Dr. Signature: _____