

**METAL APPLIANCE
PRESCRIPTION**



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

PLEASE PRINT

Account # LO _____ **PO #** _____

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

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.

Appliance

Please specify teeth involved:

R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Banded Removable **Option:** Add Adjustment Loops
 Bonded Krause Multiple Pad Composite Bonded (Braided Wire)

Indirect Bonding Tray: Silicone Clear

Transpalatal Arch: Fixed (Standard) Removable (Horizontal Sheath)
 Removable (Vertical Tube)

Space Maintainer: Band and Loop (Adjustment loops standard) Distal Shoe

Nance: Straight Arm (Standard) Recurve Arm Removable Add Bite Plate

Space Regainer: Jackscrew Active Loop Open Coil

Habit Appliance (Opposing Model Recommended):

Vertical Crib Rake Bluegrass

Thumb Habit Appliance-(convex to palate, no vertical component standard)
Option: Add a Rake

Custom Crib, specify design, initials etc.: _____

Screw Expanders: RPE-Banded Hygenic (2 Banded Standard)
Options: Add Super Screw Fan Type Compact
 Haas (2 Banded Standard) **Option:** Fan Type
 Lower Transverse Appliance
 Williams Expander

Expanders: "E" Arch Spring Jet™ 1
 Nitanium Palatal Expander™ Spring Jet™ 2
 Quad Helix MIA
 Bi Helix **Option:** Removable (Vertical Tube)
 Expansion "W"

Pedo Partial (Opposing Models Recommended):
 Groper Pedo Tooth replacement shade # _____

Inman Appliances

Fixed Inman Spring Aligner
 Inman Habit Appliance
 Inman Power Component 'E' Arch
 Inman Power Component Molar Distalizer
 Inman Power Component Space Regainer
 Inman Power Component 6 X 6 Unilateral Regainer
 Inman Power Component Mandibular Sagittal

Distalizers

Hilgers Distalizer with TMA Springs - Pendulum
 Do Not Activate Springs (standard) Please Activate Springs
Options: Check all that apply Add Expansion Screw - Pendex
 Add Stabilizing Arms - T-Rex
 Removable TMA Springs - Penguin

Hilgers Tracy Mini Distalizing

Distal Jet:
 Bilateral Unilateral- (Left Right) **Option:** Wrench

Greenfield Appliance - Includes lingual and buccal coils (standard)
Options: Check all that apply Lingual Coil Only- Left Right Both
Buccal Coil Only- Left Right Both

Lip Bumper

Special Instructions: _____

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): _____

Wilson 3-D Appliances (Removable)

3-D Lingual Arch 3-D Palatal 3-D Multi Action Palatal
 3-D Quad Helix 3-D Quad Action 3-D Bi Metric Distalizing Arch

Banding/Attachments and/or Options

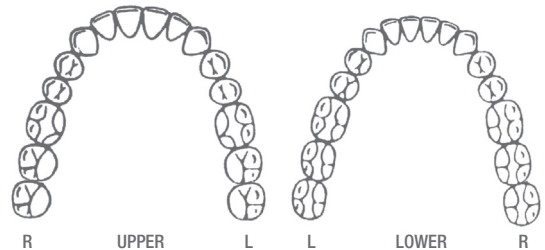
Provide Bands Adapt Drs Bands
 Provide Crowns Adapt Drs Crowns
 Spring Rest Hook Spur Habit Crib Articulate Models
 Buccal Tubes (specify type) _____
 Remove Buccal Tubes (specify which) _____
Remove Brackets Yes No
 Add Anterior Bite Plate Remove Lingual Attachments
 EZ Keys (10/pkg) 140-020
 All metal expansion keys (25/pkg) 140-001

Acrylic Colors Available

Clear (Standard) Clear Pink Clear Blue

Refer to our website or laboratory catalog for a wide variety of cold cure colors available.

Please specify choice: _____



License #: _____
Dr. Signature: _____

Master Rx on File # _____