

**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

BILLING ADDRESS

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# _____

DATE SHIPPED:

DATE DUE:

1 day before appointment

Please Provide: Boxes Labels

Rx: _____ Qty: _____
(specify appliance 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.

Appliance

Lingual Arch: Extend from: _____ (specify tooth number 1-32)

- Banded Removable **Option:** Add Adjustment Loops
- Bonded Krause Multiple Pad Composite Bonded (BraidedWire)

Indirect Bonding Tray: 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
 Inman Power Component 6 X 6 Unilateral Regainer

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.: _____
- Inman Habit Appliance

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
 Inman Power Component Mandibular Sagittal
 Williams Expander

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

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

Fixed Inman Spring Aligner

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

Keles Slider: Bilateral Unilateral

Inman Power Component Molar Distalizer

SDDA - Screw Driven

Hilgers Tracey 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: _____

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

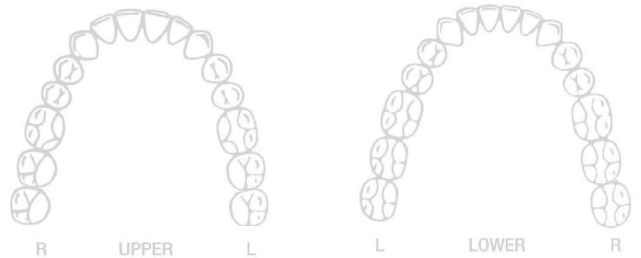
- Provide Bands Adapt Drs Bands
- Provide Crowns Adapt Drs Crowns
- Spring Rest Hook Spur Habit Crib Articulate Models
- Buccal Tubes (specify type) _____
- Remove Buccal Tubes (specify which) _____
- Remove Brackets Yes No
- Add Anterior Bite Plate Remove Lingual Attachments
- EZ Keys (10/pkg) 140-020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

Visit our online appliance catalog at MyGreatLakesLab.com for a wide variety of color and pattern options!

The standard color is "Clear" unless otherwise specified. Select a cold cure color option ONLY!

- Decal Rainbow Tropical Tones Contemporary
- Neon Glow Galaxy Glitter MagiCryl@2

Please specify color and/or decal # choice: _____



Lab Use Only

- Base Dup Reset Pontic Solder Art
- Hinge SAM Laser Drs Bands

License #: _____

Dr. Signature: _____

Master Rx on File # _____