

**REMOVABLE APPLIANCE  
PRESCRIPTION**



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

*PLEASE PRINT*

**Account # LO** \_\_\_\_\_ **PO #** \_\_\_\_\_

**BILLING**  
PRACTICE TYPE: \_\_\_\_\_  
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)  
DOCTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
(Specify if ship to address is different)  
**ADDRESSES**  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: (\_\_\_\_\_) \_\_\_\_\_  
FAX: (\_\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PATIENT: \_\_\_\_\_ AGE: \_\_\_\_\_

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.**

When forwarding a Removable appliance to the laboratory, we suggest the following:

- Stone work model. NOTE: Thickness of the base should be 7mm in the deepest portion of the palatal area.
- Oposing arch should be included with any case where occlusal interference of clasps is a concern.
- A wax bite and opposing model should be included when a bite plate is to be added.
- If not noted, the lab will carve brackets and remove lingual retainers when present.

**Appliance Options**  Upper  Lower  Both (Please specify)

**Labial Bow:**  Hawley 3 x 3  Wraparound  Soldered to Clasp  
 Add 2 x 2 Acrylic  QCM  Other: \_\_\_\_\_

**Clasps:**  Adams  Circumferential  Ball  Arrow  Buccal Tube  
 Occlusal Rest  Finger  Sage  Delta

**Springs:**  Finger  "S"  Soldered  Mousetrap  Crossover  
 Mushroom  Other: \_\_\_\_\_

Placement of spring as noted (1-32):  
UPPER- Indicate Tooth # (s)- \_\_\_\_\_  
LOWER- Indicate Tooth # (s)- \_\_\_\_\_

**Expansion Screws:**  
 Standard  Spring Loaded  Open  Three Way  Fan Type  
 One Tooth  Micro (requires screwdriver)  Micro Screwdriver

**Auxiliaries:**  Plastic Pontic; Manufacturer Name \_\_\_\_\_  
Shade # \_\_\_\_\_  
Habit Crib:  Loops  Spurs

**Option:** Brackets or Lingual Retainer:  Remain  Please Carve

**Bite Planes:** Provide opposing arch if articulation required  
 Anterior  Posterior  Incline

Master Rx on File # \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Other Appliance Choices**

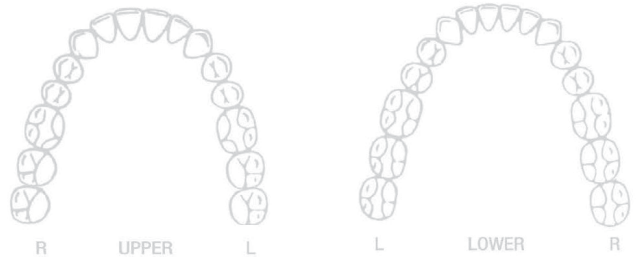
- Tremont Cantilever Wraparound  
 ClearBow™  
**Deprogrammers:** Provide a flat anterior pad to disclude posterior teeth. A posterior clearance of 1.5mm is standard. The pad is 2mm long and 3mm wide with no guidance.  
 Kois Deprogrammer (retainer style)  
 Kois Flat Plane Splint (occlusal covered)  
 Cranham Deprogrammer

Visit our online appliance catalog at [MyGreatLakesLab.com](http://MyGreatLakesLab.com) for a wide variety of color and pattern options!

The standard color is "Clear" unless otherwise specified-

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

Please specify color and/or decal # choice: \_\_\_\_\_



**Lab Use Only:**  
 Base  Dup  DC  Resets  Pontics  Solder  
 Art  Sam II  Sam III  D  Pan

License #: \_\_\_\_\_

Dr. Signature: \_\_\_\_\_