

**SPLINT / DEPROGRAMMER
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: (_____) _____

D FAX: (_____) _____

R EMAIL: _____

S 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.**

PLEASE READ

If you would like us to follow the specifications of a particular clinician, please specify: _____

Articulator used: _____

Splints Must Select Arch & Appliance Design

- UPPER
- LOWER

- DIGITAL Flat Plane (No Guidance)
- DIGITAL Full Contact with Anterior Guidance

- Flat Plane (No Guidance)
- Full Contact with Anterior Guidance

- Kois Flat Plane Splint (occlusal covered)
- Anterior Repositioning (Pull Forward)
- Overlay (1.5mm Base Plate)
Options: Add Occlusal Acrylic (not articulated, equilibration required)
- Tanner with lingual bar - Lower Only
- Gelb

NOTE: To compensate for curve of Spee, please:
 Increase opening Provide steeper guidance

Deprogrammers Must Select Arch & Appliance Design

- UPPER
- LOWER

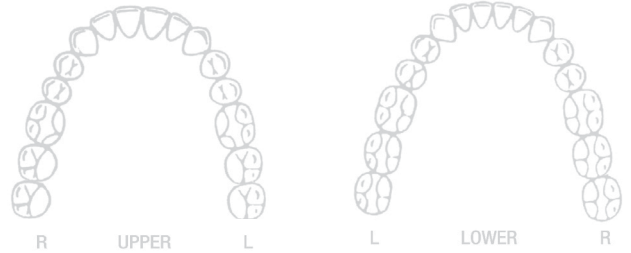
- Great Lakes Anterior STANDARD (Spear)
- Mini 2 x 2 contact (5 x 5 coverage)
 2 x 2 contact STANDARD, VDO no interferences
 2 x 2 contact, VDO just out of contact
- Kois (Retainer Style)
- Cranham
- Dawson B Splint
 Maxillary only Dual Arch

Material

- Splint Biocryl (Plus Acrylic) STANDARD
- Splint Biocryl (NO Acrylic)
- Cold Cure (Acrylic)
- Hard/Soft
- Variflex™ (Thermal Active)
- Tooth Shade Acrylic
- Biocryl ICE

Acrylic Coverage 3-5mm Tissue STANDARD No Tissue Contact

Clasping None Ball STANDARD Other: _____



Special Instructions: _____

Master Rx on File # _____

License # _____ Dr. Signature: _____

Lab Use Only Dup DM No Bite

Art # _____ DRPS _____ LPS _____

SII SIII DC W ARTX STRS

HAN PAN Kavo

DR ART / DR BITE FORK / DR JIG