

**DIAGNOSTIC STUDY MODEL
PRESCRIPTION**



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

PLEASE PRINT

Account # LO _____ **PO #** _____

**B
I
L
L
I
N
G

A
D
D
R
E
S
S**

PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosthodont, oral surgeon, commer. lab)

DOCTOR: _____

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

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

FAX: (____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

LAB USE ONLY

D# _____

0 1 2 3 4 5 6 7 8 9

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

Rcvd: _____

B# _____ Via _____

QC: _____ Shp: _____

Needs DD Call Rec: _____

NO BITE / BAND / APL ENC / MDL - B / C

Please Provide: Boxes Labels
 Rx (specify appl. type): _____

VERY IMPORTANT:

Pack void of the impression with cotton rolls and/or wet paper towels. This keeps the alginate moist and the packing prevents the alginate from pulling away from the tray sides. Seal in plastic bag to hold moisture - DO NOT put prescription in with wet impression. In the winter months, avoid the outdoor postal drop boxes, and a small amount of alcohol mixed with water to dampen the packing material may help prevent freezing. Brackets, bands, and lingual attachments will remain unless otherwise noted.

Model Type:

- Plaster
 - Plaster ABO Specifications (Registration Fee Required)**
- Reservation must be made in advance of forwarding models to the laboratory. Special discounts available June-August 31st. A 50% overtime surcharge will be added to orders received after November 15th on a first come first serve basis if time permits.
White Plastic- available in standard malocclusions only, please inquire.

Trimming Preference:

- Tweed
 - Parallel
- Please Indicate:
 Wax bite provided to locate centric occlusion
 Complete trimming procedure with wax bite in place

Left Molar- Class _____

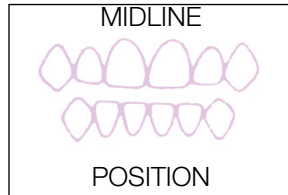
Right Molar- Class _____

OJ _____ mm

OB _____ mm

Crossbite _____ mm

Openbite _____ mm



Finish:

- Pour and Trim Only
- Pour, Trim and Carve
- Pour, Trim, Carve and Polish

Impression Trays:

If not noted, all non-metal trays will be discarded. (Standard)
 Disposable
 Return Trays
#U _____ Type _____
#L _____ Type _____

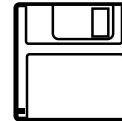
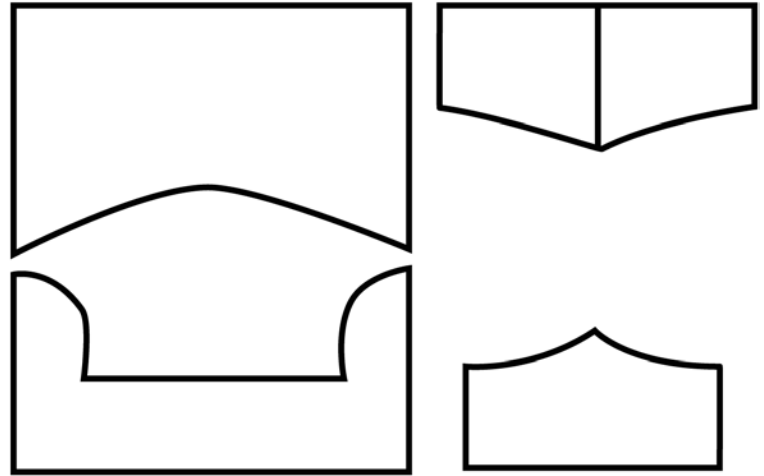
*Pre-poured models will not be accepted unless duplication is requested.

Master Rx on File # _____

Special Instructions: _____

Labeling Instructions:

(We provide clear labels with black lettering)



Digital Pictures:
Digital photographs of 5 individual views of study models. Available on 2 floppy disks. Total file size = 1.6MB.

License #: _____

Dr. Signature: _____

CUSTOMER RETAIN YELLOW COPY - RETURN WHITE COPY TO LABORATORY

Local: 716-871-1161 Fax: 716-871-0550 Email: info@greatlakesortho.com Website: www.greatlakesortho.com

©Great Lakes Orthodontics, Ltd.- Lab FM-4 Rev 7/09/07