

**ALIGNER APPLIANCE  
PRESCRIPTION**



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

**PLEASE PRINT**

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

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PRACTICE TYPE: \_\_\_\_\_  
(i.e., ortho, GP, pedo, prostho, oral surgeon, commer. lab)

DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Specify if ship to address is different)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_  
FAX: (\_\_\_\_\_) \_\_\_\_\_

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 PRINT

Please Provide:  Boxes  Labels  Appliance Protection Program (additional fee)  
 Rx (specify appl. type): \_\_\_\_\_ Qty: \_\_\_\_\_

**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:**
- Upper and Lower model is required to avoid occlusal interferences.
  - Stone work model. NOTE: Thickness of the base should be 7mm in the deepest portion of the palatal area.
  - 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.
  - Please note: when requested, resetting canines may not produce predictable results.

**Indicate stripping and/or reset preferences.**

**To align reset teeth properly, it may be necessary to strip interproximally, in these cases:**

**Stripping Preference:**  Do not strip  Strip where indicated  Strip and notify me where

R	3	2	1		1	2	3	L
	3	2	1		1	2	3	

**Reset(s) Preference:**  Do not reset  Reset where indicated

R	3	2	1		1	2	3	L
	3	2	1		1	2	3	

- SPRING ALIGNER**  
Please Choose-  Upper  Lower  Both
- Option: (For best retention please do not exceed the recommended movement per tooth listed below)
- 3 X 3 Aligner / For 2-2 movement** Max. Reset per Tooth
- Aligner (Anterior Clip Only) 1/2 to 1mm
  - Modified (w/Acrylic Ext.) 1 to 1-1/2mm
  - Modified (w/Wire Ext.) 1 to 1-1/2mm
  - Super Spring Design (w/Acrylic Ext.) 1-1/2 to 2mm
- 4 X 4 Aligner / For 3-3 movement** Max. Reset per Tooth
- Aligner (Anterior Clip Only) 1/2 to 1mm
  - Modified (w/Acrylic Ext.) 1 to 1-1/2mm
  - Modified (w/Wire Ext.) 1 to 1-1/2mm
  - Super Spring Design (w/Acrylic Ext.) 1-1/2 to 2mm

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

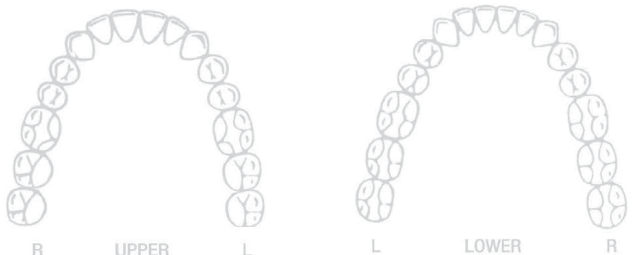
The standard color is "Clear" unless otherwise specified. Select a cold cure color option ONLY!

Decal  Rainbow  Tropical Tones  Contemporary  
 Neon Glow  Galaxy Glitter  MagiCryl®2

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

- INMAN ALIGNER (Please Specify Resets)**  
Please Choose-  Upper  Lower  Both
- Standard Aligner  Expansion Aligner

- OTHER APPLIANCE OPTIONS (Please Specify Resets)**  
Please Choose-  Upper  Lower  Both
- Invisible Inman (Lingual to Labial Movement Only)
  - Bowman Consolidator
  - Consolidator (NO Resets Required)



Lab Use Only

Base  Dup  DC  Resets  Pontics  Solder  
 Art  SAM II  SAM III  D  Pan

License #: \_\_\_\_\_  
Dr. Signature: \_\_\_\_\_

Master Rx on File # \_\_\_\_\_  
Special Instructions: \_\_\_\_\_