

**DIGITAL ORDER  
PRESCRIPTION**

**PLEASE PRINT**



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

**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)

**ADDRESS** CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

EMAIL: \_\_\_\_\_

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# \_\_\_\_\_

**Days in House:**

\* Printed Models Only: 5 business days

\* Printed Models with an appliance: 8 business days

Contact our portal access team at [portalaccess@greatlakesortho.com](mailto:portalaccess@greatlakesortho.com) if you have any questions.

**APPLIANCE REQUEST:**  Please call me  Master Rx on File # \_\_\_\_\_

**BAND PREFERENCE:**

- I am sending my own bands to Great Lakes
- Please use lab bands

**BITE PREFERENCE:**

**Considerations-** the recommended fabrication position including VDO and/or protrusive can be captured in the digital scan. These requirements vary by appliance design. Please review the bite recommendations for the appliance you are ordering on our website.

- Bite is scanned in fabrication position. Please print bite.
- Bite is scanned in fabrication position. Please print bite & alter as needed.
- I am sending the bite registration separately.

**PRINT RESIN MODELS:**

- Lab select appropriate model base for appliance order.

**Work Model**

- 6mm beyond gingival margin
- Minimal base w/palate and lingual anatomy

**Study Model**

- Minimal base 3-5mm per arch } Tweed Angles
- Full base 2-3/4" (70mm) total height } Standard  Parallel

**ABO Model Specifications**

- ABO angles • 2-3/4" (70 mm) height • High Resolution 16 micron (2 axis)

**Segmental Model Print-** available, please inquire.

**DIGITAL MODEL FILES ONLY:**

**Base Files Only**  Upper  Lower  Both

**Work Model**

- 6mm beyond gingival margin
- Minimal base w/palate and lingual anatomy

**Study Model**

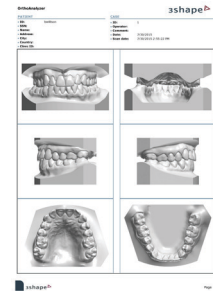
- Minimal base 3-5mm per arch
- Full base 2-3/4" (70mm) total height } Tweed Angles  Parallel Standard

**ABO Model Specifications**

- Ready for Model Conversion Utility • No bases added • XYZ orientation

**ADDITIONAL OPTIONS:**

- Convert my files to .stl (additional fee)  
\*\*Your files can be exported by Great Lakes and converted to .stl if uploaded to us via your scanner cloud.
- Please provide Overview report .pdf (additional fee)  
\*\*6 Image Overview 8-1/2" x 11" document will be uploaded to your portal account for download.



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

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