

Take advantage of

Great Lakes Master Rx Service

Taking a few minutes to complete a Master prescription worksheet will ensure that you receive an appliance that meets your exact specifications every time!

Master prescriptions are used to clarify your specifications, which may differ from Great Lakes standards (see the Splint Appliance Selection Fabrication Guide).

There is no limit to the number of Master prescriptions you can have. Masters are set up by each appliance design and have their own identification number.

How to get started...

Option 1: Contact Great Lakes to set up a telephone consultation with our splint specialist, **Renee Zureck**, who will complete the worksheet with you.

Option 2: Following seven easy steps, complete the worksheet and forward it to Laboratory Customer Service.

Once completed and received, Great Lakes can prepare a formal prescription with illustrations and send it to you for your final review and approval.

It's as easy as 1, 2, 3...

Contact us for additional worksheets or if you need any assistance completing the worksheet.

Great Lakes Master Rx for SPLINTS & Deprogrammers

Complete this 7-Step form for each appliance design and we'll take care of making sure your appliances meet your specifications as indicated every time!

Date: _____
 Customer # _____
 New Customer

Practice TYPE (circle one)
 Ortho Prostho Oral Surg Const Lab Other

Step 1: Doctor T.M. DEE, D.D.S.
 Address THD SPECIALISTS
411 CONDYLE PATH
 City TOWAWANDA State NY Zip 14150
 Phone 716-871-1161 Fax 716-871-9193
 E-mail thdspecialist@yahoo.com

Step 2: Digital Fabrication Standard Fabrication
 (Full occlusal coverage splint only)

Splint Selection & Materials

Appliances Follow Clinician's Master exactly
 Full Contact w/Ant. Guid Dawson CR Mini Deprogrammer (Spear-style)
 Flat Plane Dawson "B" Keis Flat Plane w/wax opening plate
 Mini Deprogrammer Pankey CR Keis Deprogrammer
 Spear-style CR BrocicaFACE CR Cranium Deprogrammer
 Other _____

Upper Lower

Material Options Splint Bioeryl/Acrylic (std)
 Splint Bioeryl Coverage Trimmed to average height of contour
 Duramold Horseshoe No tissue contact
 Vardies Cold Cure

Step 3: Articulating System SAM I Denar* Kavro Artes
 SAM II* Denar combi* Hanau Stratos
 SAM III* Panadent Whipmix Other _____

*Available for Digital Fabrication

Step 4: Mounting Options Partial: Mount upper (in stone) and send bite for lab to complete mounting
 Full: Mount upper and lower (in stone) and send bite for lab to confirm mounting
 Unmounted: Models poured in stone and send bite for lab to mount

Note: For the safety of your equipment, Great Lakes does not recommend forwarding articulators or bite forks as they may be damaged or lost in transit.

If mounting does not match on Great Lakes articulator: Break off lower and remount to my bite Contact me for permission to remount Mount in C/O or maximum intercuspation

Step 5: Design Preferences

Ramp & Guidance Standard 5° greater than required to disclude posterior teeth
 Steep anterior ramp Other _____

Refer to Appliance Selection Guide for specific ramp and guidance information

Vertical Opening: Lab standard is 1.5mm opening at highest point of contact.

To compensate for Curve of Spee: Provide more vertical opening _____ mm Change as required
 Provide steeper guidance Keep to bite
 Cut splint to: Distal of 1st molar Contact me for permission to change
 Include incisal cusps of 2nd molar Distal of 2nd molar Eliminate 3rd molar

Appliance Fit Passive fit Snap fit

Clipping None, call if retention is compromised Ball Arrow Adams Other _____

Miscellaneous Duplicate my models Do not remove lingual attachments and brackets (std) Curve lingual attachments

Step 6: Special Instructions


CALL THE OFFICE WITH ANY MODEL OR BITE CONCERNS.

Step 7: Authorization

I authorize Great Lakes to use the above specifications to fabricate my appliance as indicated.

Doctor's Signature T.M. DEE
 License # 12743

To send us a case once you've approved your Master Rx and it's on file at Great Lakes, just include your name, address, patient name, date needed, and Master Rx identification number on the patient's prescription. We will follow your specifications as outlined on your Master Rx every time!

To update your Master Rx, simply contact our Splint Specialist.



1.800.828.7626

Splint Specialist, ext. 223

Fax: 716.871.9193

greatlakesortho.com

Great Lakes Master Rx for SPLINTS & Deprogrammers

Complete this 7-Step form for each appliance design and we'll take care of making sure your appliances meet your specifications as indicated every time!

Date :	_____
Customer #	_____
<input type="checkbox"/> New Customer	

Practice Type: GP Ortho Comm Lab Pedo Prostho Oral Surg Other _____

Step 1: Doctor _____

Contact Info Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

E-mail _____

Step 2: Digital Fabrication (Full occlusal coverage splints only) Standard Fabrication

Splint Selection & Materials

If you have any questions about appliances, materials, or need additional information, refer to the Appliance Selection Guide

Appliances

- | | | |
|---|---|--|
| <input type="checkbox"/> Full Contact w/Ant. Guide | <input type="checkbox"/> Dawson CR | <input type="checkbox"/> Mini Deprogrammer (Spear-style) |
| <input type="checkbox"/> Flat Plane | <input type="checkbox"/> Dawson "B" | <input type="checkbox"/> Kois Flat Plane w/deprogramming plate |
| <input type="checkbox"/> Mini Deprogrammer | <input type="checkbox"/> Pankey CR | <input type="checkbox"/> Kois Deprogrammer |
| <input type="checkbox"/> Spear-style CR | <input type="checkbox"/> Brucia/FACE CR | <input type="checkbox"/> Cranham Deprogrammer |
| <input type="checkbox"/> Upper <input type="checkbox"/> Lower | | <input type="checkbox"/> Other _____ |

Material Options

- Splint Biocryl / Acrylic (std)
- Splint Biocryl
- Durasoft
- Variflex
- Cold Cure

Coverage

- Trimmed to average height of contour
- Horseshoe
- No tissue contact

Step 3: **Articulating System**

<input type="checkbox"/> SAM II *	<input type="checkbox"/> Denar combi *	<input type="checkbox"/> Kavo	<input type="checkbox"/> Stratos
<input type="checkbox"/> SAM III *	<input type="checkbox"/> Panadent	<input type="checkbox"/> Whipmix	<input type="checkbox"/> Other _____
<input type="checkbox"/> Denar *	<input type="checkbox"/> Hanau Modular	<input type="checkbox"/> Artex	

* Suitable for Digital Fabrication

Step 4: **Mounting Options**

- Partial: Mount upper (in stone) and send bite for lab to complete mounting
- Full: Mount upper and lower (in stone) and send bite for lab to confirm mounting
- Unmounted: Models poured in stone and send bite for lab to mount

Note: For the safety of your equipment, Great Lakes does not recommend forwarding articulators or bite forks as they may be damaged or lost in transit

If mounting does not match on Great Lakes Articulator:

- Break off lower and remount to my bite
- Contact me for permission to remount
- Mount in C/O or maximum intercuspation

Step 5:

Design Preferences

Ramp & Guidance

- Standard 5 ° greater than required to disclude posterior teeth
- Steep anterior ramp
- Other _____

If you have any questions about design preferences refer to the Appliance Selection Guide

Refer to Appliance Selection Guide for specific ramp and guidance information

Vertical Opening: Lab standard is 1.5mm opening at highest point of contact.

- | | |
|---|---|
| <p><i>To compensate for Curve of Spee:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide more vertical opening _____ mm <input type="checkbox"/> Provide steeper guidance <p><i>Cut splint to:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Distal of 1st molar <input type="checkbox"/> Include mesial cusps of 2nd molar <input type="checkbox"/> Distal of 2nd molar <input type="checkbox"/> Eliminate 3rd molar | <p><i>If bite opening is inadequate:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Change as required <input type="checkbox"/> Keep to bite <input type="checkbox"/> Contact me for permission to change |
|---|---|

Appliance Fit

- Passive Fit
- Snap Fit

Clasping

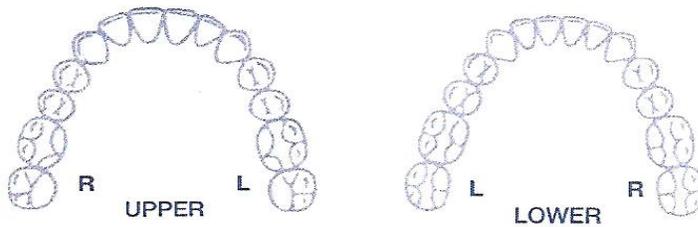
- None, call if retention is compromised
- Ball
 - Arrow
 - Adams
 - Other _____

Miscellaneous

- Duplicate my models
- Do not remove lingual attachments and brackets (std)
- Carve lingual attachments

Step 6:

Special Instructions



Step 7:

Authorization

I authorize Great Lakes to use the above specifications to fabricate my appliance as indicated.

Doctor's Signature _____

License #: _____