REMOVABLE APPLIANCE PRESCRIPTION

PLEASE PRINT

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

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# _____

Align ID# _____ Dig ID# _____

Account # LO _____ **PO #** _____

BILLING ADDRESS

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

DOCTOR: _____

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

_____

CITY: _____ STATE: _____ ZIP: _____

Provide Country & City Code

PHONE: (_____) _____

FAX: (_____) _____

EMAIL: _____

PATIENT: _____ AGE: _____
PLEASE PRINT

DATE SHIPPED:

DATE DUE:

1 day before appointment

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.

When forwarding a Removable appliance to the laboratory, we suggest the opposing arch should be included with any case where occlusal interference of clasps is a concern.

Appliance Options ☐ Upper ☐ Lower ☐ Both (Please specify)

Labial Bow: ☐ Hawley 3 x 3 ☐ Wraparound ☐ Soldered to Clasp
☐ Add 2 x 2 Acrylic ☐ QCM ☐ Other:_____

Clasps: ☐ Adams ☐ Circumferencial ☐ Ball ☐ Arrow ☐ Buccal Tube
☐ Occlusal Rest ☐ Finger ☐ Sage ☐ Delta

Springs: ☐ Finger ☐ "S" ☐ Soldered ☐ Mousetrap ☐ Crossover
☐ Mushroom ☐ Other:_____

☐ Placement of spring as noted (1-32):
UPPER- Indicate Tooth # (s)- _____
LOWER- Indicate Tooth # (s)- _____

Expansion Screws:
☐ Standard ☐ Spring Loaded ☐ Open ☐ Three Way ☐ Fan Type
☐ One Tooth ☐ Micro (requires screwdriver) ☐ Micro Screwdriver

Auxiliaries: ☐ Plastic Pontic; Manufacturer Name_____
Shade #_____
Habit Crib: ☐ Loops ☐ Spurs

Option: Brackets or Lingual Retainer: ☐ Remain ☐ Please Carve

Bite Planes: Provide opposing arch if articulation required
☐ Anterior ☐ Posterior ☐ Incline

☐ Master Rx on File #_____

Special Instructions: _____

Other Appliance Choices

☐ **Tremont Cantilever Wraparound**
☐ **ClearBow™**
Invisible Retainer:
Appliance Options ☐ **Upper** ☐ **Lower** ☐ **Both (Please specify)**
☐ Essix® Design .75mm (3 x 3 coverage only)
☐ Invisible Retainer 1mm (Full arch coverage)
☐ Scallop Trim ☐ Marginal Trim

Visit our online appliance catalog at *MyGreatLakesLab.com* for a wide variety of color and pattern options!

The standard color is **"Clear"** unless otherwise specified-

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

Please specify color and/or decal # choice:_____

Lab Use Only:
❒Base ❒Dup ❒DC ❒Resets ❒Pontics ❒Solder
❒Art ❒Sam II ❒Sam III ❒D ❒Pan

License #: _____

Dr. Signature:_____

©Great Lakes Orthodontics, Ltd. S-18 Lab FM-1 Rev 1/30/18