

**SPLINT / DEPROGRAMMER
PRESCRIPTION**



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

PLEASE PRINT

Account # LO _____ **PO #** _____

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

I DOCTOR: _____

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

A CITY: _____ STATE: _____ ZIP: _____

D PHONE: (_____) _____

D FAX: (_____) _____

R EMAIL: _____

S 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# _____

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.

PLEASE READ

If you would like us to follow the specifications of a particular clinician, please specify: _____

Articulator used: _____

Splints Must Select Arch & Appliance Design

- UPPER
- LOWER

- DIGITAL Flat Plane (No Guidance)
- DIGITAL Full Contact with Anterior Guidance
- Flat Plane (No Guidance)
- Full Contact with Anterior Guidance
- Kois Flat Plane Splint (occlusal covered)
- Anterior Repositioning (Pull Forward)
- Overlay (1.5mm Base Plate)
- Options: Add Occlusal Acrylic (not articulated, equilibration required)
- Tanner with lingual bar - Lower Only
- Gelb

NOTE: To compensate for curve of Spee, please:
 Increase opening Provide steeper guidance

Deprogrammers Must Select Arch & Appliance Design

- UPPER
- LOWER

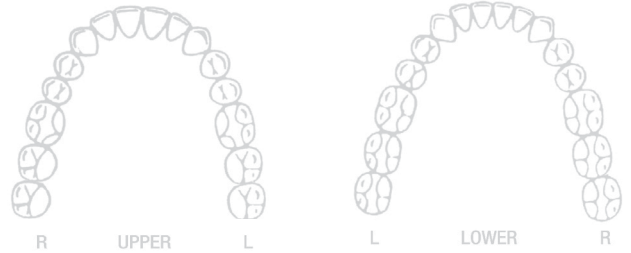
- Great Lakes Anterior STANDARD (Spear)
- Mini 2 x 2 contact (5 x 5 coverage)
 - 2 x 2 contact STANDARD, VDO no interferences
 - 2 x 2 contact, VDO just out of contact
- Kois (Retainer Style)
- Cranham
- Dawson B Splint
 - Maxillary only Dual Arch

Material

- Splint Biocryl (Plus Acrylic) STANDARD
- Splint Biocryl (NO Acrylic)
- Cold Cure (Acrylic)
- Hard/Soft
- Variflex™ (Thermal Active)
- Tooth Shade Acrylic
- Biocryl ICE

Acrylic Coverage 3-5mm Tissue STANDARD No Tissue Contact

Clasping None Ball STANDARD Other: _____



Special Instructions: _____

Master Rx on File # _____

License # _____ Dr. Signature: _____

Lab Use Only Dup DM No Bite

Art # _____ DRPS _____ LPS _____

SII SIII DC W ARTX STRS

HAN PAN Kavo

DR ART / DR BITE FORK / DR JIG