

PLEASE PRINT

Account # C0 _____ **PO #** _____

B I L L I N G

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

DOCTOR: _____

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

A D D R E S S

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

FAX: (_____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

DATE SHIPPED: _____

DATE DUE: _____

1 day before appointment

LAB USE ONLY Incoming # cases _____

Customer Used: GLO Acct 2 Day On Call

Portal Upload - No Frt (00) Cust Acct - No Frt (00)

Disinfected 0 1 2 3 4 5 6 7 8 9

Rcvd: _____

B# _____ Via: _____

Shipment Date _____ Planned Shipment Date _____

(QC): _____ (LPD): _____

Estimated Delivery Date _____ Promised Delivery Date _____

ND _____ (Rec): _____

NO BITE / MDL - B / C Source: _____

Align ID# _____ Campaign: _____

Dig ID# _____

Please Provide: Boxes Labels

Rx: _____ Qty: _____
(specify appliance type)

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.

SMART MOVES CLASSIC ALIGNER

May include a maximum of 3 setup stages that include 2 appliances per stage, per impression. In sequence, the first aligner is Hard/Soft followed by a second of hard material. Each should be worn for 2-3 weeks. If further correction is required to reach desired alignment a new impression needs to be provided after initial movement has been achieved.

Smart Moves Classic Method:

Appliance Options Upper Lower Both (Please specify)

- 3 Set ups, 6 trays
- 2 Set ups, 4 trays
- 1 Set up, 2 trays

- No quote needed, ok to fabricate
- Call with quote, before fabrication

To align reset teeth properly, interproximal reduction may be necessary.

Stripping Preference(s):

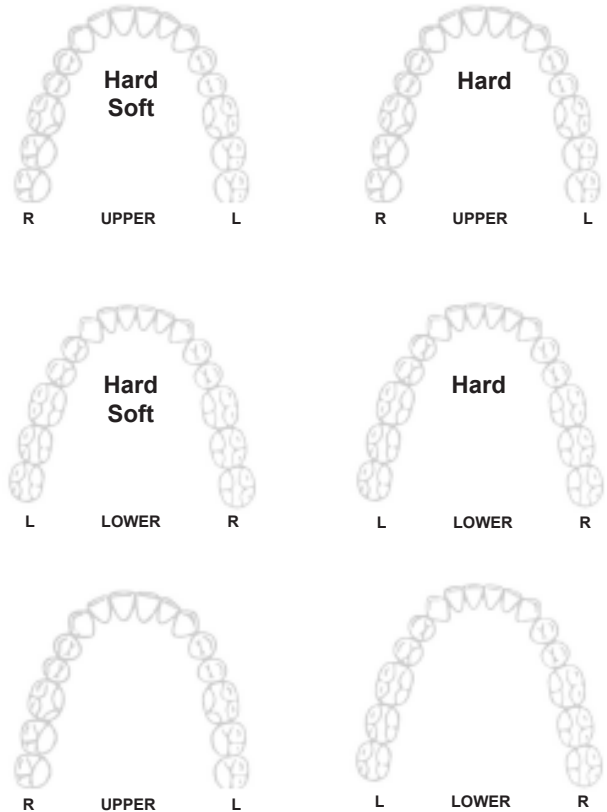
- Strip as needed (Standard) UPPER- 3 2 1 1 2 3 L
- Strip where indicated LOWER- 3 2 1 1 2 3 L
- Do not strip

Reset Preference(s):

- Reset as needed UPPER- R 2 1 / 1 2 L
- Reset where indicated LOWER- 2 1 / 1 2 L
- Over correct where indicated

Auxiliaries: **Transfer tray(s) will be provided

- Add retention buttons as needed
- Add buttons to intrude/extrude where indicated



Lab Use: Dup No Bite Reset Base Pontic Blok Out Sold Laser Dr Band Band

MG-STD	MG-MED	MG-HVY	BT-STD	BT-LMN
Drs Prprty-	Drs Art	Drs Bite Fork	Drs Jig	CNC
Dr Mount	Art# _____	Dr Pin _____	Lab Pin _____	
DENAR _____	SAM-2	SAM-3	WHPMX	ARTEX
HAN	HINGE	PANDNT	KAVO	

License #: _____

Dr. Signature: _____

Master Rx on File # _____

Special Instructions: _____