

**ALIGNER APPLIANCE
PRESCRIPTION**



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: _____

PLEASE PRINT

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)

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 following:

1. Upper and Lower model is required to avoid occlusal interferences.
2. Please note: when requested, resetting canines may not produce predictable results.

SPRING ALIGNER
Please Choose- Upper Lower

Option: (For best retention please do not exceed the recommended movement per tooth listed below)

- 3 X 3 Aligner / For 2-2 movement
 - 4 X 4 Aligner / For 3-3 movement
- Max. Reset per Tooth**
- Aligner (Anterior Clip Only) 1/2 to 1mm
 - Modified (w/Acrylic Ext.) 1 to 1-1/2mm
 - Modified (w/Wire Ext.) 1 to 1-1/2mm
 - Super Spring Design (w/Acrylic Ext.) 1-1/2 to 2mm

INMAN ALIGNER (Please Specify Resets)
Please Choose- Upper Lower Both

Standard Aligner Expansion Aligner

To align reset teeth properly, it may be necessary to strip interproximally, in these cases:

Stripping Preference(s):

UPPER- 3 2 1 1 2 3 L

Strip where indicated

Strip and notify me where

Do not strip

LOWER- 3 2 1 1 2 3 L

Reset Preference(s):

UPPER- 2 1 / 1 2 L

Reset where indicated

Over Correct where indicated

Do not reset

LOWER- 2 1 / 1 2 L

Master Rx on File # _____

Special Instructions: _____

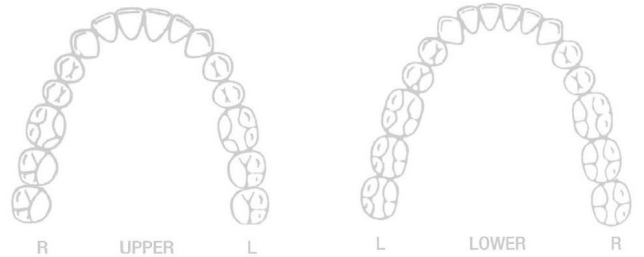
Visit our online appliance catalog at MyGreatLakesLab.com for a wide variety of color and pattern options!

The standard color is "Clear" unless otherwise specified. Select a cold cure color option ONLY!

Decal Rainbow Tropical Tones Contemporary

Neon Glow Galaxy Glitter MagiCryl@2

Please specify color and/or decal # choice: _____



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 STRATOS

HAN HINGE PANDNT KAVO

License #: _____

Dr. Signature: _____