

**ALIGNER APPLIANCE
PRESCRIPTION**



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

PLEASE PRINT

Account # LO PO # _____

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

DOCTOR: _____

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

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____
Provide Country & City Code
FAX: (_____) _____

PATIENT: _____ AGE: _____

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

LAB USE ONLY

Disinfected D# _____
0 1 2 3 4 5 6 7 8 9

Rcvd: _____

B# _____ Via _____

QC: _____ Shp: _____

Needs DD Call Rec: _____

NO BITE / MDL - B / C

Please Provide:
 Boxes Labels Rx (specify appl. type): _____
 Appliance Protection Program (additional fee)

PLEASE PRINT

IMPORTANT! Always retain models and bite until appliance is seated. Should a problem occur, warranty is voided if original model(s) or bite is not returned. Damage to models may occur during fabrication, please mark Rx if duplication (additional fee) of model(s) is required.

Acrylic Colors Available Please send color chart

For Patterns Below, Specify Base Color and/or Decal Option
Custom Patterns: (Cold Cure)
 Zebra Rainbow Eight Ball Watermelon Yin-Yang Baseball
 Camouflage Lady Bug Tie Dye-(up to 3 colors) Tiger Stripe
 Polka Dot Stardust Marble Swirl Speckle

Please Specify Decal Code # _____ (Refer to our Laboratory Catalog)
If requesting Biocryl, decals can only be added when using Clear or Lt. Blue.

Rainbow: (Cold Cure)
 Yellow Red Green Clear Pink Dark Blue Clear(standard)
 Purple Clear Blue Orange

Tropical Tones: (Cold Cure)
 Ocean Blue Mango Orange Paradise Pink Banana Yellow
 Lava Red Key Lime Green Tidewater Teal Purple Sunset

Contemporary: (Cold Cure)
 Tangerine Snow White Lemon Blueberry Apple Red
 Lime Licorice

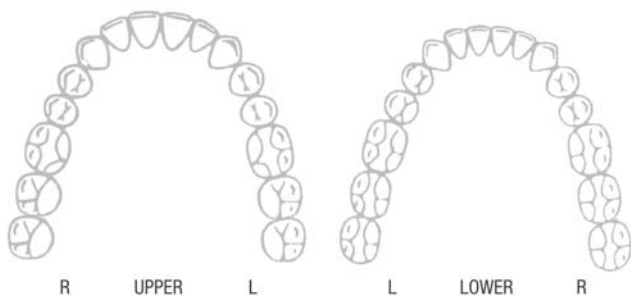
Neon Glow: (Cold Cure)
 Neon Glow Neon Red Neon Orange Neon Pink Neon Blue
 Neon Yellow Neon Green

Galaxy Glitter: (Cold Cure)
 Blast Off Blue Solar Silver Astro Aqua Polaris Purple
 Orbit Orange Meteor Multi

Magicryl2: (Cold Cure) Black Yellow Orange Red Blue Teal

When forwarding a Removable appliance to the laboratory, we suggest the following:

1. Stone work model. NOTE: Thickness of the base should be 7mm in the deepest portion of the palatal area.
2. Opposing arch should be included with any case where occlusal interference of clasps is a concern.
3. A wax bite and opposing model should be included when a bite plate is to be added.
4. Upper and Lower model is required to avoid occlusal interferences.
5. If not noted, the lab will carve brackets and remove lingual retainers when present.



Master Rx on File # _____

Special Instructions: _____

Spring Aligner Upper Lower Both (Please Specify)

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

3 X 3 Aligner / For 2-2 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

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 Below)

Upper Lower Both (Please specify)
 Standard Aligner Expansion Aligner

Other Appliance Options (Please Specify Resets Below)

Essix™ (3/4mm only 3 x 3 Coverage)
 Upper Lower

Invisible Retainer (1mm Full Occlusal Coverage)
 Upper Lower

Invisible Inman (Lingual to Labial Movement Only)
 Upper Lower

Bowman Consolidator
 Upper Lower

Consolidator (NO Resets Required)
 Upper Lower

For appliance options chosen above, please indicate stripping and/or reset preferences.

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

Stripping Preference: Do not strip
 Strip where indicated
 Strip and notify me where

R	3	2	1	1	2	3	L
	3	2	1	1	2	3	

Reset(s) Preference: Do not reset
 Reset where indicated

R	3	2	1	1	2	3	L
	3	2	1	1	2	3	

License #: _____

Dr. Signature: _____

CUSTOMER RETAIN YELLOW COPY - RETURN WHITE COPY TO LABORATORY

Fax: 716-871-0550 Email: info@greatlakesortho.com Website: www.greatlakesortho.com

Lab FM-11 Rev 12/22/08

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