

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: _____

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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: _____

Campaign: _____

Align ID# _____ Dig ID# _____

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.**

Elastodontics® Appliance *Appliance Protection Program Available
Maxiomandibular appliance made of a highly flexible silicone elastomer. Design options may be used to enhance tooth alignment, appliance retention, and arch expansion. May be used as partial, complete, or finishing treatment device.

- Elasto Aligner Options:**
- No Attachments (Remove Brackets)
 - Over Brackets - Hooks Will Be Removed
 - Remove Material Over Bracket (Provides Greater Elasticity)
 - Inner & Outer Bow
 - Inner Bow Only
 - No Air Holes

- Silicone Material:**
- Colors: Clear Red Green Blue Yellow
- Glitter: Gold Silver Red Blue Purple
- Heavy (1-2mm Tooth Movement)
 - Medium (2-3mm Tooth Movement)
 - Light (3-4mm Tooth Movement)

- Special Note:**
1. When ordering any Elastodontics® appliance where the brackets will remain in place, it is critical to remove the archwire when taking the impression.
 2. Contraindications for use of Elastodontics® appliances include patients with significant airway restrictions and/or bruxing habits.

Tooth Positioner Appliance *Appliance Protection Program NOT Available
Maxiomandibular appliance made of a pressure laminated EVA material. This device is primarily used for finishing of conventionally treated orthodontic cases. Even the lightest of materials here possess limited flexibility compared to the Elastodontics® materials.

- Positioner Material:**
- Firm (available in colors, see below)
- Upper- Clear Blue Yellow Green Red Orange Purple
- Lower- Clear Blue Yellow Green Red Orange Purple
- Light (Clear Only)

- Options:**
- Air Holes (Standard) No Air Hole Air Holes (Large)
 - Retention Clasps (Standard between 5 - 6) Distal to UPPER- 4 5 6
Distal to LOWER- 4 5 6
 - Rotation Inserts:
UPPER- Right 1 2 3 / Left 1 2 3
LOWER- Right 1 2 3 / Left 1 2 3

- Finishing**
- | | | |
|---|---|---|
| Thickness: | Height:(From Gingival Margin) | Finish Appliance Distal To: |
| <input type="checkbox"/> Standard 3mm | <input type="checkbox"/> Standard 3mm | UPPER- <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |
| <input type="checkbox"/> Thick 4mm | <input type="checkbox"/> High 4mm | LOWER- <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |
| <input type="checkbox"/> Thin 2mm | <input type="checkbox"/> Short 1mm | |
| <input type="checkbox"/> Other:
(Please Specify) | <input type="checkbox"/> Other:
(Please Specify) | |

- Auxiliaries**
- Mandibular Stabilizer 155-027
- Head Strap Type (NewGear)
- Colors: Black White Purple Red Green
- High (Vertical) Pull System-
 Small (under 5) Medium (5-8) Large (9 & older)
 - Cervical (Horizontal) Pull System
 - Combi Pull (Cervical and High)

Diagnostic Set-Up
Laboratory standards (zero based occlusion) was developed for alignment of teeth (see our Laboratory catalog). On occasion, these standards may not be achieved. Communication via this form will enable the lab to supply the highest quality appliance possible.

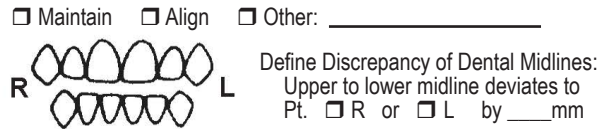
- Set-Up Options:** (select all that apply)
- Reset All Teeth Reset Teeth as noted: (1 - 32)
 - Do Not Reset Teeth UPPER- Indicate Tooth # (s)- _____
 - Remove Brackets & Bands LOWER- Indicate Tooth # (s)- _____
 - Remove Bonded Lingual Retainer
 - Diagnostic Set-up Only - **No Appliance**

- Set-Up Type:**
- Ideal Correction (not possible on all cases)
 - Realistic Correction (as close as possible)
 - Maintain Cross Bite
 - Maintain Molar Relationship

- In Case Of Discrepancy** between upper and lower arches, I prefer:
- Good CL. I Molar Relation
 - Space Between Cuspid & Bicuspid
 - Good CL. I Cuspid & Bicuspid
 - Space Between Lateral & Cuspid

- Space Closure:**
- Close All
 - Close As Feasible
 - Leave Space Between: _____
- Maintain Overbite**
 Set Overbite To: _____ mm
- Maintain Overjet**
 Set Overjet To: _____ mm

Midlines: Please indicate patients current midline position



- Blockout:**
- Wax In Lingual Wire
 - Wax In Erupting Teeth as noted: (1 - 32)
UPPER- Indicate Tooth # (s)- _____
LOWER- Indicate Tooth # (s)- _____

- Arch Width:**
- | | | |
|------------------------------------|------------------------------------|---|
| Upper | Lower | Arch Form:(Pentamorphic) |
| <input type="checkbox"/> Maintain | <input type="checkbox"/> Maintain | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Constrict | <input type="checkbox"/> Constrict | <input type="checkbox"/> Tapered |
| <input type="checkbox"/> Widen | <input type="checkbox"/> Widen | <input type="checkbox"/> Narrow Tapered |
| | | <input type="checkbox"/> Ovoid |
| | | <input type="checkbox"/> Narrow Ovoid |

- Articulator Type:**
- Ceph Tracing
 - SAM I & II
 - SAM III
 - Hanau
 - Denar
 - Panadent
 - Whip-Mix
 - Other: _____
- Lower Occlusal Plane:**
- Best Fit Curve of Spee 8, 10 or 12" Curve
 - Flat
 - Other: _____

License #: _____

Dr. Signature: _____

Master Rx on File # _____

Special Instructions: _____