

**SMART MOVE  
INVISIBLE ALIGNER/RETAINER**



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

**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 PRINT*

Account # LO PO # \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PATIENT: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE SHIPPED: \_\_\_\_\_

DATE DUE: \_\_\_\_\_  
1 day before appointment

**Please Provide:**

Boxes    Labels    Rx (specify appl. type): \_\_\_\_\_  
 Appliance Protection Program (additional fee)

**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.**

**INVISIBLE RETAINER**

Appliance Options  Upper    Lower    Both (Please specify)

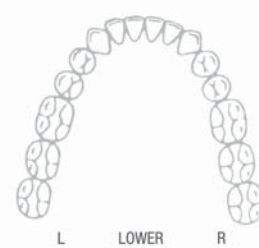
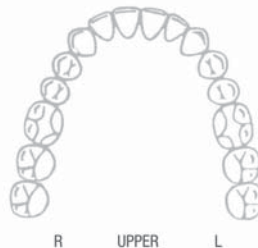
- Essix™ Design .75mm (3 x 3 coverage only)
- Invisible Retainer 1mm (Full arch coverage)

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

**Stripping**       Do not strip  
**Preference:**    Strip where indicated      R  $\frac{3}{3} \frac{2}{2} \frac{1}{1} \mid \frac{1}{1} \frac{2}{2} \frac{3}{3}$  L  
                          Strip and notify me where

**Reset(s)**       Do not reset  
**Preference:**    Reset where indicated      R  $\frac{3}{3} \frac{2}{2} \frac{1}{1} \mid \frac{1}{1} \frac{2}{2} \frac{3}{3}$  L

Auxiliaries:  Plastic Pontic;  
Manufacturer Name \_\_\_\_\_  
Shade # \_\_\_\_\_



**Lab Use Only:**  Block Out    Base    Dup    D.C.    Art.    Pour  
 Resets    Pontics    Sold.    St. M.G.    Med. M.G.    H.M.G.  
Bleaching Tray-  Reg.    Dura-Soft (Lemon)

**SMART MOVE ALIGNER**

The Smart Move method can include up to a maximum of 3 incremental setup stages that include 2 appliances per stage. In sequence, the first aligner is a 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.

Appliance Options  Upper    Lower    Both (Please specify)

- Smart Move Method, lab determines set up as needed - max of 3 set up's and 6 trays per impression.
- 2 Set ups, 4 trays
- 1 Set up, 2 trays

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

**Stripping**       Do not strip  
**Preference:**    Strip where indicated      R  $\frac{3}{3} \frac{2}{2} \frac{1}{1} \mid \frac{1}{1} \frac{2}{2} \frac{3}{3}$  L  
                          Strip and notify me where

**Reset(s)**       Do not reset  
**Preference:**    Reset where indicated      R  $\frac{3}{3} \frac{2}{2} \frac{1}{1} \mid \frac{1}{1} \frac{2}{2} \frac{3}{3}$  L

License #: \_\_\_\_\_

Dr. Signature: \_\_\_\_\_

Master Rx on File # \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**CUSTOMER RETAIN YELLOW COPY - RETURN WHITE COPY TO LABORATORY**

BILLING ADDRESS