

Dr. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_  
 Patient \_\_\_\_\_  
 Shipped Date \_\_\_\_\_ Placement Date \_\_\_\_\_  
 Date Received by Lab \_\_\_\_\_

PLEASE WRITE SPECIAL INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

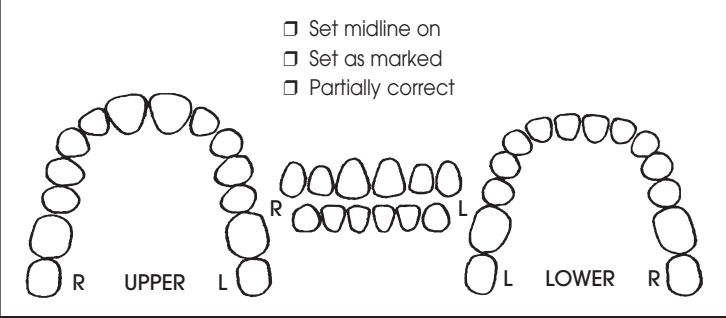
\_\_\_\_\_

\_\_\_\_\_

**GACOrthoLab**  
 orthodontic laboratory services  
**2525 3 MILE ROAD**  
**RACINE, WI 53404**

Toll-FREE: (866) 463-4300 Main Tel: (262) 752-4040  
 Fax: (262) 752-4060 For billing questions: (800) 645-5530

**PLEASE DIAGRAM SPECIAL INSTRUCTIONS**



**POSITIONER INSTRUCTIONS**

- Clear Vinyl** Flavor:  Plain  Mint
- Vinyl Colors/Flavors:**  Purple/Grape  Red/Strawberry  
 Blue/Mint  Yellow/Pineapple  
 Green/Watermelon
- Silicone - Translucent**  
 Oralastic II (Medium)  
 Oralastic 80 (Firm)
- White Rubber**  
 Regular  
 Mint flavor
- Impak -** Clear Acrylic rigid at room temperature. Softens at body temperature. Pre-soften with hot water prior to seating.

- Trimming Requirements:** **Height** **Thickness**
- Standard  Standard  
 High  Thick  
 Short  Thin

- Options Available** Location for Clasps or Liners
- Air Holes  
 Ball Clasps  
 Serrations
- |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**End Appliance Distal to:**

6 6	7 7	8 8
6 6	7 7	8 8

PLEASE CALL ME ABOUT THIS ORDER

**SET UP INSTRUCTIONS**

- Duplicate our Models  Reset all Teeth  
 Carve brackets and bands  Reset only Circled Teeth  
 Do not carve brackets and bands  Pre Treatment Diagnostic set up  
 Retain upper 1st molar bands  Allow for lower/upper lingual 3-3



- Space Closure** **Anterior Overbite** **Anterior Overjet**
- Close Completely  Ideal 1-2 MM  Ideal  
 Close as Feasible  Increase to \_\_\_\_\_mm  Maintain  
 Leave Space  Decrease to \_\_\_\_\_mm  Set to \_\_\_\_\_mm  
 Distal to \_\_\_\_\_  No Change  
 Leave Space Between \_\_\_\_\_

- Anterior Root Torque** **Occlusal Plane** **Arch Width**
- |                                   |                                   |  |                                    |                                    |
|-----------------------------------|-----------------------------------|--|------------------------------------|------------------------------------|
| Upper                             | Lower                             | <input type="checkbox"/> Maintain      | Upper                              | Lower                              |
| <input type="checkbox"/> Maintain | <input type="checkbox"/> Maintain | <input type="checkbox"/> Flat          | <input type="checkbox"/> Maintain  | <input type="checkbox"/> Maintain  |
| <input type="checkbox"/> Lingual  | <input type="checkbox"/> Lingual  | <input type="checkbox"/> Curve of Spee | <input type="checkbox"/> Constrict | <input type="checkbox"/> Constrict |
| _____                             | _____                             |  | <input type="checkbox"/> Widen     | <input type="checkbox"/> Widen     |
| <input type="checkbox"/> Labial   | <input type="checkbox"/> Labial   |  |                                    |                                    |
| _____                             | _____                             |  |                                    |                                    |

**ARTICULATION**

- Average bite opening  **Gnathological Set-up**  
 Hinge Axis Tracing  Sam  
 Denar  
 Panadent

**MOUTHGUARDS**

- Upper - Smooth occlusal lower  Full upper and lower coverage  
 Orthodontic Guard - over brackets  Boxer Design  
 Upper with lower indents (1-2 mm)

**PLEASE SHIP EXTRA:**

SHIPPING BOXES  
 PRE-PAID BAGS  
 PRESCRIPTION SHEETS

Use of names does not imply endorsements.