GAC ORTHOWORKS™ LAB

Straight 'N' Clear Cosmetic Correctors

Dr. _____

Address _____

City & State _____

Tel _____ Fax _____

Patient _____

Shipped Date _____ Placement Date _____

Date Received by Lab _____

PLEASE WRITE SPECIAL INSTRUCTIONS

_____

_____

_____

_____

_____

❑ PLEASE CALL ME ABOUT THIS ORDER

The name and address for the GAC Orthodontic Lab in Wisconsin is as follows:

GAC ORTHOWORKS
3919 WASHINGTON AVENUE
RACINE, WI 53405

Toll-Free: 1-866-463-4300
Fax: 1-262-633-2023
Main Tel: 1-262-633-2017
For questions about billing: 1-800-645-5530

PLEASE SHIP EXTRA:
❑ SHIPPING BOXES
❑ PRE-PAID BAGS
❑ PRESCRIPTION SHEETS

Material
❑ Essix C+® (suggested) ❑ Essix A®

UPPER ARCH

Mark End of Appliance

Labial: Divot and Window Placement

R **L**

Lingual: Divot and Window Placement

R **L**

LOWER ARCH

Mark End of Appliance

Labial: Divot and Window Placement

R **L**

Lingual: Divot and Window Placement

R **L**

White and Yellow: Laboratory Copy **Pink**: Doctor's Copy