Digital

218 Industrial Park Road • Park Rapids, MN 56470
Phone: 800.346.0011 • Fax: 800.346.0011
www.northstarorthodontics.com
digitallab@northstarorthodontics.com

Date Sent (Impression date) ☐☐ ☐☐ ☐☐

Date Due (2 days prior to appt.) ☐☐ ☐☐ ☐☐

Doctor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

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Patient First Name

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Patient Last Name

☐ Please call about this case prior to fabrication.
☐ Enroll this case in Appliance Protection (Additional fee).
☐ Please make this design a MyWay™ (Representative will call).
☐ MyWay™ # ☐☐☐

Digital Study Models

IMPORTANT : All study models REQUIRE a bite registration.

Type of Digital Study Model (DSM):
- ☐ Standard Finish DSM (full sculpting)
- ☐ Progress Finish DSM (no sculpting)
- ☐ Unbased DSM (no virtual base added)
  - ☐ Standard ☐ Progress

Create DSM From:
- ☐ Impression
- ☐ Hard Plaster Model
- ☐ Digital File (.stl, .3sz, or .dcm file format)

DSM Report *(6-View)*:
- ☐ Standard
  - ☐ .jpg ☐ .pdf
- ☐ Standard with OB/OJ measurements
  - ☐ .jpg ☐ .pdf

Additional Options *(Choose one from each category.)*:
Trim: ☐ Tweed Trim ☐ Parallel Trim
Height: ☐ 2.75 inches ☐ Proportioned Height
Occlusion: ☐ Centric ☐ To Pre-Defined Wax Bite

Practice Management Integration:
Practice Management Software: _____
Patient ID: _____

IMPORTANT: Green section MUST be completed for ALL aligners.

Reset Teeth*
*Note: NorthStar does not offer a warranty on fit for appliances with reset teeth.

3	2	1	1	2	3
3	2	1	1	2	3

Extracted Teeth
Please indicate all teeth that will be extracted.

3	2	1	1	2	3
3	2	1	1	2	3

Space Management
Please indicate where we should leave space if applicable.

3	2	1	1	2	3

☐ Spread evenly across reset teeth.

☐ **Overcorrection**
I prefer to have NorthStar overcorrect when resetting teeth.

☐ **Reset to Ideal**
I prefer to have NorthStar reset to best outcome when resetting teeth.

Spring Aligners
(Please consult our Finishing & Aligning Rx or our website for spring diagrams.)

- ☐ U ☐ L **Standard Spring Complete**
- ☐ U ☐ L **Spring Complete w/Framework**
- ☐ U ☐ L **Spring Complete w/Standard T**
- ☐ U ☐ L **Spring Complete w/Helical 'T'**
- ☐ U ☐ L **Spring Complete w/Helical Mushroom**
- ☐ U ☐ L **Spring Complete w/Helix Coil**
- ☐ U ☐ L **Standard Anterior Spring**
- ☐ U ☐ L **Anterior Spring w/Wire Extensions**

Invisible Aligners

☐ U ☐ L **Invisible Aligners**
Invisible aligners are crystal clear, thin, removable appliances that produce small, incremental changes in tooth position. They look good, feel good, and under the right conditions produce excellent results. Our aligners are manufactured using plastics that are proven to be non-staining, virtually indestructible, and provide just the right amount of flex for proper tooth movement.

Quantity
- ☐ Individual
- ☐ Set of 3
- ☐ Please include an Invisible Retainer *(Additional Fee).*

Cut
- ☐ Scalloped
- ☐ Straight Cut
- ☐ End Distal: 5 6 7
- ☐ Most Distal Possible

☐ Lab Use Only: BBP?

Please Send:
- ☐ Boxes
- ☐ Color Chart
- ☐ Foam
- ☐ Imp. Bags
- ☐ Labels
- ☐ Product Catalog

Rx (Select Types):
- ☐ Arch Development
- ☐ Digital
- ☐ Finishing/Aligning
- ☐ Functional
- ☐ Habit
- ☐ Health/Safety
- ☐ Herbst®
- ☐ Most Requested
- ☐ Retention
- ☐ Space Maintenance
- ☐ Splint
- ☐ Study Model

License #: _____

Signature: _____

IMPORTANT: Prescription not valid without license # and signature.

White: Lab Copy Yellow : Doctor Copy

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