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 info@northstarorthodontics.com

Date Sent (Impression date) Date Due (2 days prior to appt.)

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

IMPORTANT: Green section MUST be completed for ALL appliances.

Reset Teeth* *Note: NorthStar does not offer a warranty on fit for appliances with reset teeth.	3	2	1	1	2	3	Extracted Teeth Please indicate all teeth that will be extracted.	6	5	4	3	2	1	1	2	3	4	5	6
	3	2	1	1	2	3		6	5	4	3	2	1	1	2	3	4	5	6

Space Management 3 2 1 | 1 2 3

Please indicate where we should leave space if applicable. 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.

Invisible Aligners

U L 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.

Aligner Options

Quantity

Individual Set of 3

Please include an Invisible Retainer (Additional Fee).

Cut

Scalloped Straight Cut

End Distal: 5 6 7

Most Distal Possible

Patient First Name _____

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™ # _____

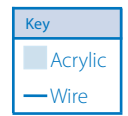
Spring Aligners

Whether you choose to use the anterior spring aligner or a complete palatal spring aligner, the anterior teeth are digitally reset to a 'finished' position and a resin model is printed for creation of the appliance. The spring aligner includes labial acrylic which provides light force to an opposing lingual spring unit of your preference. At the end of treatment you may convert your spring aligner to a retainer by removing the labial acrylic and adapting the bow for retention.

<input type="checkbox"/> U <input type="checkbox"/> L Standard Spring Complete	<input type="checkbox"/> U <input type="checkbox"/> L Spring Complete w/Helix Coil
<input type="checkbox"/> U <input type="checkbox"/> L Spring Complete w/Standard T	<input type="checkbox"/> U <input type="checkbox"/> L Spring Complete w/Framework
<input type="checkbox"/> U <input type="checkbox"/> L Spring Complete w/Helical Mushroom	<input type="checkbox"/> U <input type="checkbox"/> L Standard Anterior Spring
<input type="checkbox"/> U <input type="checkbox"/> L Spring Complete w/Helical 'T'	<input type="checkbox"/> U <input type="checkbox"/> L Anterior Spring w/Wire Extensions

U L **Design your Own / Special Instructions**

Please draw and describe the appliance you desire.



Please Send:

Boxes Color Chart Foam Imp. Bags Labels Product Catalog

Rx (Select Types):

Arch Development Asterisx™ 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