

218 Industrial Park Road • Park Rapids, MN 56470
 Phone: 800.346.0011 • Fax: 218.255.9001
 www.northstarorthodontics.com
 info@northstarorthodontics.com

Date Sent (Impression date)			Date Due (2 days prior to appt.)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

IMPORTANT: All study models REQUIRE a bite registration.

Plaster Study Models

Digital Study Models

Type of Plaster Study Model:

- Standard (pour, trim, sculpture, label, and polish)
- Progress (pour, trim, rough-sculpture, and pencil label)
- Through-Label (pour, trim, sculpture, label)
- Board Finish (to ABO guidelines)
- Single Arch (select desired type above)
 - Upper Lower

Create Plaster Study Model From:

- Impression
- Hard Plaster Model
- Existing Study Model
- Digital File (.stl, .3sz, or .dcm file format)

Additional Options (Choose one from each category.):

- | | | |
|------------|--------------------------------------|--|
| Trim: | <input type="checkbox"/> Tweed Trim | <input type="checkbox"/> Parallel Trim |
| Height: | <input type="checkbox"/> 2.75 inches | <input type="checkbox"/> Proportioned Height |
| Occlusion: | <input type="checkbox"/> Centric | <input type="checkbox"/> To Pre-Defined Wax Bite |

Label (Plaster only):

- Upper Lower Both

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)

Additional Options (Choose one from each category.):

- | | | |
|------------|--------------------------------------|--|
| Trim: | <input type="checkbox"/> Tweed Trim | <input type="checkbox"/> Parallel Trim |
| Height: | <input type="checkbox"/> 2.75 inches | <input type="checkbox"/> Proportioned Height |
| Occlusion: | <input type="checkbox"/> Centric | <input type="checkbox"/> To Pre-Defined Wax Bite |

DSM Report (6-View):

- Standard (with requested labeling)
 - .jpg .pdf
- Standard (with OB/OJ measurements)
 - .jpg .pdf

Practice Management Integration:

Practice Management Software: _____
 Patient ID: _____

Labeling

Label Details (Please Print):

Please list all details that you desire on label.
 For digital models these items appear in the file data.

Name:

Impression Date:

Case Number:

Age: Yrs. Mos.

Birth Date:

Note:

- * Please complete the 'Labeling' section on the right for all study models.
- * Paper invoices are not generated for digitally delivered items. If you wish to receive your invoice by email please contact us.

Lab Use Only: 88P?	Please Send:	<input type="checkbox"/> Boxes	<input type="checkbox"/> Arch Development	<input type="checkbox"/> Herbst®
	<input type="checkbox"/> Color Chart	<input type="checkbox"/> Asterisx™	<input type="checkbox"/> Most Requested	
	<input type="checkbox"/> Foam	<input type="checkbox"/> Finishing/Aligning	<input type="checkbox"/> Retention	
	<input type="checkbox"/> Imp. Bags	<input type="checkbox"/> Functional	<input type="checkbox"/> Space Maintenance	
	<input type="checkbox"/> Labels	<input type="checkbox"/> Habit	<input type="checkbox"/> Splint	
	<input type="checkbox"/> Product Catalog	<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Study Model	

License #: _____
 Signature: _____

IMPORTANT: Prescription not valid without license # and signature.
 White: Lab Copy Yellow: Doctor Copy