Study Model

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Date Sent (Impression date) ☐☐ ☐☐ ☐☐

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

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

IMPORTANT : All study models REQUIRE a bite registration.

Plaster 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:	☐ Tweed Trim	☐ Parallel Trim
Height:	☐ 2.75 inches	☐ Proportioned Height
Occlusion:	☐ Centric	☐ To Pre-Defined Wax Bite

Label *(Plaster only.):*
☐ Upper ☐ Lower ☐ Both

Digital Study Models

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:	☐ Tweed Trim	☐ Parallel Trim
Height:	☐ 2.75 inches	☐ Proportioned Height
Occlusion:	☐ Centric	☐ 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: _____

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.**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Patient First Name

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Patient Last Name

☐ Please call about this case prior to fabrication.
☐ Please make this design a MyWay™. (Representative will call.)
☐ MyWay™ # ☐☐☐

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 ☐☐ ☐☐ ☐☐

Lab Use Only: BBP?

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

FM4-4.3-203-008-000 (07/2014)
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