

ORTHO CAST, INC.



99 NORTH MAIN STREET - HIGH BRIDGE, NJ 08829
Ph 908-638-5610 Fx 908-638-5663
www.orthocast.com info@orthocast.com

Specializing in Orthodontic and Pediatric Study Models

Practice or Billing Name

PLEASE USE STAMP

Please **CLEARLY PRINT** patient information for Model Label in box below

LAST NAME		FIRST NAME
AGE OR D.O.B.	CASE NUMBER or MISC. INFO.	IMPRESSION DATE

ECONOMY MODEL SERVICE

DUE DATE _____

CHECK TYPE OF MODELS DESIRED

Please indicate below any unusual occlusion such as cross bite or Class III

A Finished- with typed labeling; Poured, Trimmed, Lightly Sculpted, Soaped & Polished.

B Semi- Finished- with typed labeling; Poured, Trimmed & Lightly Sculpted.

C Rough-Cut - with typed labeling Poured & Trimmed only.

2 Sets of Models - Pour impressions twice
Also check Model Type - A, B, or C above.

Duplicate- Make new models by duplicating the enclosed poured models.
Also check Model Type - A, B, or C above.

Please Include a Wax Bite With Each Order

- TRIM WITH WAX BITE
 TRIM WITHOUT WAX BITE

PLEASE SEND MORE

- MAILING LABELS PRESCRIPTIONS
 UPS LABELS