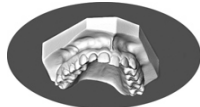


# ORTHO CAST, INC.



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	

## PREMIUM MODEL SERVICE

DUE DATE \_\_\_\_\_

### CHECK TYPE OF MODELS DESIRED

- A Completely Finished- with inked lettering**  
Poured, Trimmed, Sculpted, Soaped & Polished.
- A Completely Finished- with typed labeling**  
Poured, Trimmed, Sculpted, Soaped & Polished.
- B Semi- Finished- with typed labeling**  
Poured, Trimmed & 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 indicate below any unusual occlusion such as cross bite or Class III

### Please Include a Wax Bite With Each Order

- TRIM WITH WAX BITE
- TRIM WITHOUT WAX BITE

### PLEASE SEND MORE

- MAILING LABELS
- PRESCRIPTIONS
- UPS LABELS