

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** Check for **NO SOAP**
Poured, Trimmed, Sculpted, Soaped & Polished.
- B Semi- Finished- with typed labeling**
Poured, Trimmed & Sculpted. Bases not sanded.
- 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

PLEASE SEND MORE

- TRIM WITH WAX BITE MAILING LABELS PRESCRIPTIONS
 TRIM WITHOUT WAX BITE UPS LABELS