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DRS. NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME _____

SEND: RX Forms Boxes Mailing Labels

DATE SHIPPED _____

DATE WANTED _____

1 day prior to appointment

MODEL SERVICES

Print clearly the information wanted for model identification (plaster or digital).

Patient's Name: _____

ID Number: _____

Impression Date: _____

Birth Date: _____

SPECIAL INSTRUCTIONS: _____

IMPORTANT: Please include bite registration with patient's name or initials.

IMPRESSION TRAYS

Disposable Return Trays

PLASTER MODELS

- Study Models from Alginate Impressions**
(Pour, Trim, Carve and Soap)
- Unfinished Models from Alginate Impressions**
(Pour and Trim Only)
- Duplication of Finished Models**
(Duplicate, Pour, Trim, Carve and Soap)
- Duplication of Unfinished Models**
(Duplicate, Pour, Trim, Carve and Soap)

* All study models will be trimmed standard tweed height and angles unless otherwise indicated.

* Call for ABO trim details.

DIGITAL MODELS

- Full Finish**
(Pour, Finish with Bases, Archive)
- Prep for Finish**
(Pour, Finish without Bases, Archive)
- Rough Finish**
(Pour, No Bases, Archive)
- Scan and Archive**
(Scan Your Existing Poured Model)
- Scan Only**

Occlusion: CR _____ CO _____
 Molars: (R) _____ (L) _____
 Cuspids: (R) _____ (L) _____
 Overjet: _____ mm
 Overbite: _____ mm