

**DIAGNOSTIC STUDY MODEL
PRESCRIPTION**



PLEASE PRINT

Account # C0 _____ **PO #** _____

**B
I
L
L
I
N
G**

PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

DOCTOR: _____

ADDRESS: _____
(Specify if ship to address is different)

**A
D
D
R
E
S
S**

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

FAX: (_____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

LAB USE ONLY		Incoming # cases _____	
Customer Used: <input type="checkbox"/> GLO Acct <input type="checkbox"/> 2 Day On Call			
<input type="checkbox"/> Portal Upload - No Frt (00) <input type="checkbox"/> Cust Acct - No Frt (00)			
<input type="checkbox"/> Disinfected	0	1	2 3 4 5 6 7 8 9
Rcvd: _____			
B# _____		Via: _____	
Shipment Date _____		Planned Shipment Date _____	
(QC): _____		(LPD): _____	
Estimated Delivery Date _____		Promised Delivery Date _____	
ND _____		(Rec): _____	
NO BITE / MDL - B / C		Source: _____	
		Campaign: _____	
Align ID# _____		Dig ID# _____	

Please Provide: Boxes Labels
 Rx: _____ Qty: _____
(specify appliance type)

VERY IMPORTANT:

Pack void of the impression with cotton rolls and/or wet paper towels. This keeps the alginate moist and the packing prevents the alginate from pulling away from the tray sides. Seal in plastic bag to hold moisture - DO NOT put prescription in with wet impression. In the winter months, avoid the outdoor postal drop boxes, add a small amount of alcohol mixed with water to dampen the packing material may help prevent freezing. Brackets, bands, and lingual attachments will remain unless otherwise noted.

Model Type:

Plaster
White Plastic- available in standard malocclusions only, please inquire.

Trimming Preference:

If not noted, trimming will be Tweed. (Standard)

- Tweed
- Parallel

Please Indicate:

- Wax bite provided to locate centric occlusion
- Complete trimming procedure with wax bite in place

Left Molar- Class _____

Right Molar- Class _____

OJ _____ mm Crossbite _____ mm

OB _____ mm Openbite _____ mm

Finish:

- Pour and Trim Only
- Pour, Trim and Carve
- Pour, Trim, Carve and Polish

Impression Trays:

If not noted, all non-metal trays will be discarded. (Standard)

- Disposable
- Return Trays
- #U _____ Type _____
- #L _____ Type _____

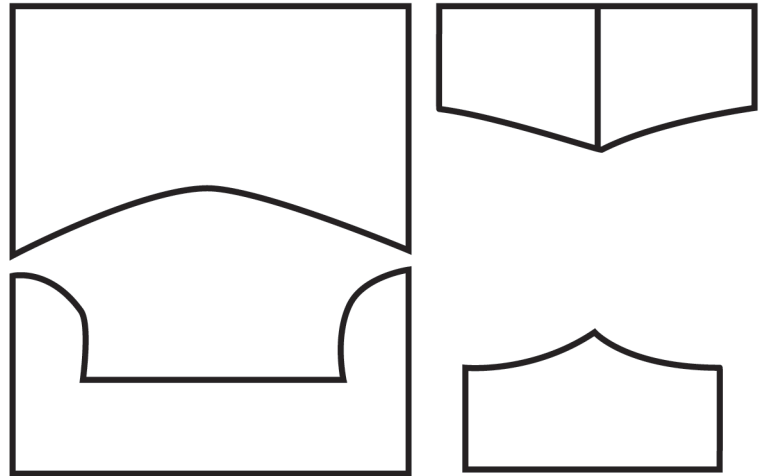
*Pre-poured models will not be accepted unless duplication is requested.

Master Rx on File # _____

Special Instructions: _____

Labeling Instructions:

(We provide clear labels with black lettering)



Digital Pictures Available: Additional Fee

We will provide digital photos of 5 individual views of models. Choose delivery option below.

Via email: Email Address _____
Print Clearly

Provide CD

License #: _____

Dr. Signature: _____