

# ORTHO CAST, INC.



99 NORTH MAIN STREET - HIGH BRIDGE, NJ 08829  
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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.

Check for **NO SOAP**

**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

TRIM WITH WAX BITE

TRIM WITHOUT WAX BITE

PLEASE SEND MORE

MAILING LABELS

PRESCRIPTIONS

UPS LABELS