

Would you please fill out this new customer form?

Before sending us any work please Fax this form to: 908-638-5663

Practice Name _____		
Doctors Name if different _____		
Street Address _____	Suite _____	
City _____	State _____	Zip Code _____
Phone Number _____	Fax Number _____	
Contact Person for study models _____	E-mail Address (required for digital model customers) _____	

We will not share your email or fax number with anyone. It is important that we have them so we can contact you if we have questions or important notifications.

If you use plastic impression trays please check one of the boxes below:

metal trays will always be returned

- Please return our plastic trays. Please discard our plastic trays.

A credit card is required for all new customers.

Visa or MasterCard only.

____ - ____ - ____ - ____ Expiration Date _____

3 digit security code from card back _____

Name on credit card _____

Billing address for card _____
including zip code _____

Authorized signature _____



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