

<input type="checkbox"/> CONTACT ME REGARDING CASE	<input type="checkbox"/> ADDRESS CHANGE	SEND ADDITIONAL <input type="checkbox"/> RX FORMS <input type="checkbox"/> MAILING LABELS/SUPPLIES
<input type="checkbox"/> SPECIAL INSTRUCTIONS ON FILE	<input type="checkbox"/> NEW ACCOUNT	

OFFICE USE: 1 2 3 4 + PD: SA DR
MODELS: U L BOTH BANDS CROWNS BROKEN
IMPRESSIONS: U L BOTH
DISINFECT: _____ QA IN: _____ FINAL INSP: _____

DOCTOR _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

PATIENT NAME _____

DATE SHIPPED _____ DATE NEEDED _____

APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

DIGITAL FILE NAMES

File 1 _____ .stl

File 2 _____ .stl

File 3 _____ .stl

File 4 _____ .stl

File 5 _____ .stl

Note additional filenames in Special Instructions below.


PRINTED MODEL SERVICE

Send us an electronic file (.stl) and we will provide printed models

Horseshoe Base

Upper Qty _____


Lower Qty _____



Low Profile Base

Upper Qty _____


Lower Qty _____



Full Profile Base

Upper Qty _____

Lower Qty _____



DIGITAL STUDY MODELS

Sent electronically as an .stl file or a 3D PDF.

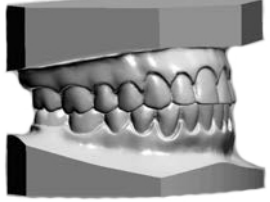
Sending in stone models or impressions and would like to receive:

3D PDF

STL Files

Upper Qty _____

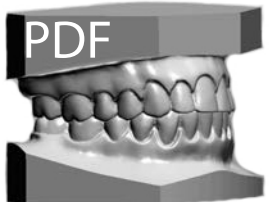
Lower Qty _____



Sending in STL Files and would like to receive a 3D PDF file with Full Finish Base

Upper Qty _____

Lower Qty _____



Digital Scan Taken with:

iTero Carestream

3Shape Sirona

3M

SPECIAL INSTRUCTIONS

DR. SIGNATURE: /s/ _____ **LICENSE NUMBER:** _____ **EXPIRES:** _____