



Doctor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Patient Name \_\_\_\_\_

Date Shipped \_\_\_\_\_ Date Needed \_\_\_\_\_

**Lab use only:**

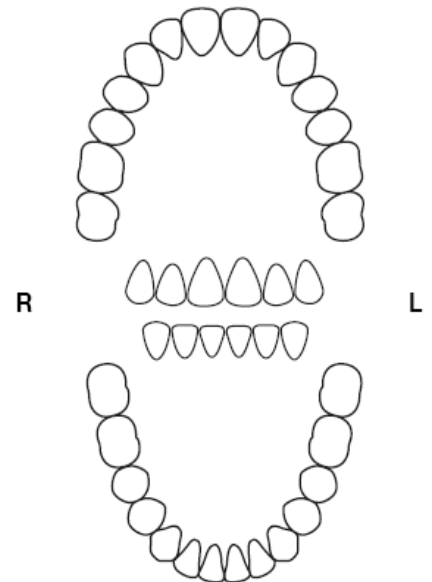
Date received \_\_\_\_\_

How to ship \_\_\_\_\_

Account # \_\_\_\_\_

Special Instructions:

Specify appliance type. Please draw.



Please specify if you want an appliance made on printed model.

**Sent to lab**

- .STL files
- Impressions
- Models
- Bite registration

**Digital Model Files**

- Upper
- Lower
- Both arches
- Add study model base
- Add work model base
- Rough finish-no cleanup or sculpting
- Complete-fully sculpted

**Printed Resin Models**

Segmented model

- Upper
  - Anterior 3-3
  - Pt. left
  - Pt. Right

- Lower

- Anterior 3-3
- Pt. left
- Pt. Right

Work model print

horsehoe

- 6mm beyond gingival margin
- Minimal base with palate and ligual anatomy

Study model print

- Upper
  - Minimal base 3-5mm per arch
- Lower
  - Full arch 2 3/4 "(70mm) total height
- Both arches