

STANDARD PRESCRIPTION

DR. NAME _____ ACCT. # _____

ADDRESS _____ PHONE # _____

LICENSE # _____ FAX # _____

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(Patient's Last Name)

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(Patient's First Name)

DATE SENT

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DATE WANTED

		-			-		
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(2 days prior to insertion)

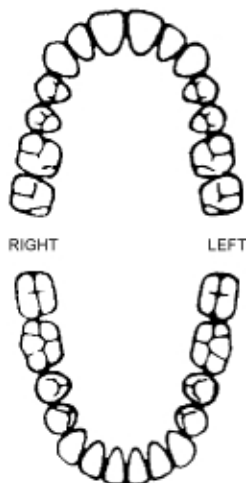
- TWIN BLOCK™** - (Rx Available)
- BIONATOR I** (to open closed bite)
- BIONATOR II** (to close open bite)
- BIONATOR TO MAINTAIN**
- CORRECTOR I** (to open closed bite)
- CORRECTOR II** (to close open bite)
- CORRECTOR TO MAINTAIN**
- SAGITTAL** - Upper, Lower
- THREE-WAY EXPANDER** (one screw)
- SCHWARZ** (Midline Expansion)
- TRANSVERSE** (Expander w/Coverage)
- NORD**
- FRANKEL** (Rx Available)
- VACUUM FORMED APPLIANCE**
- SPLINT** - Upper, Lower, Hard, Soft (Rx Available)
- CROZAT** - Upper, Lower
- HILGERS PENDULUM**
- HILGERS PENDEX**
- FIXED APPLIANCE** _____
- STUDY MODELS** - (Rx Available)
- RETAINER** - Upper, Lower (please diagram)
- SPRING ALIGNER** Specify design
- RESET: R

3	2	1
1	2	3

 L
- R

3	2	1
1	2	3

 L
- OTHER**

 **ACRYLIC COLOR/DESIGN #** _____

- DUPLICATE ORIGINALS**
- CARVE OFF BRACKETS**
- APPLIANCE PROTECTION PLAN**

- | | | | | |
|---|---|--|-------------------------------------|--|
| <input type="checkbox"/> Standard Rx | <input type="checkbox"/> Frankel Rx | <input type="checkbox"/> Labels | <input type="checkbox"/> Boxes | <input type="checkbox"/> Color Chart |
| <input type="checkbox"/> Study Model Rx | <input type="checkbox"/> Twin Block™ Rx | <input type="checkbox"/> Splint Rx | <input type="checkbox"/> Pkg Foam | <input type="checkbox"/> Star Aligner Rx |
| <input type="checkbox"/> C/B Rx | <input type="checkbox"/> Herbst® Rx | <input type="checkbox"/> Impression Bags | <input type="checkbox"/> Price List | <input type="checkbox"/> _____ |

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