

NorthStar

ORTHODONTIC & CERAMIC STUDIO

NorthStar Orthodontics, Inc.
Industrial Park
Park Rapids, MN 56470
1-800-346-0011 • Ext. 203
FAX 218-732-1372

PATIENT'S NAME _____
(please print) (Last) (First)

DATE SENT _____ DATE WANTED _____
(1-2 days prior to insertion)

- FRANKEL I** - Class I and Class II, division 1 - includes upper cuspid clasps
- FRANKEL II** - Class II, division 2 - upper lingual wire replaced the cuspid clasps
- FRANKEL III** - Class III - lip pads upper, lower labial bar
- FRANKEL IV** - Open bite - no lower lingual repositioning components
- FRANKEL V** - Class I and II - headgear tubes combine maxillary force with mandibular advancement

_____ Standard Relief - Frankel I and Frankel II - 3mm upper, 1/2mm lower
Frankel III - 3mm upper, 0 lower

_____ Variable Relief - Indicate below

_____ Construct with no model alterations

_____ Carve vestibular areas as necessary

_____ Extend lower sulcus to _____ mm below gingival line

_____ Do not disc teeth - Discing will be done in both deciduous and permanent dentitions unless otherwise indicated

Comments _____

NorthStar Orthodontic Studio will return any working models of insufficient quality for the construction of a Frankel appliance. Questionable wax bites will be returned for your re-evaluation. You can be assured of a call if there are questions.

- DUPLICATE ORIGINALS
- CARVE OFF BRACKETS

PLEASE INDICATE MIDLINES

<input type="checkbox"/> Ortho Rx	<input type="checkbox"/> Frankel Rx	<input type="checkbox"/> Labels or Boxes	<input type="checkbox"/> Pkg Foam
<input type="checkbox"/> C/B Rx	<input type="checkbox"/> Twin Block Rx	<input type="checkbox"/> Splint Rx	<input type="checkbox"/> Price List

DR. NAME _____ ACCT. # _____

ADDRESS _____

LICENSE # _____ PHONE # _____ FAX# _____