Study Model

218 Industrial Park Road • Park Rapids, MN 56470
Phone :: 1.800.346.0011 • Fax :: 1.218.732.1372
www.northstarorthodontics.com

Date Sent (impression date) ☐☐/☐☐/☐☐

Due Date (2 days prior to appt.) ☐☐/☐☐/☐☐

Dr. ______
Address ______
City ______ State ______ ZIP ______
Phone ______ Fax ______
Email ______

Patient Last Name ______

Patient First Name ______

PLASTER STUDY MODEL

- ☐ Standard Plaster Study Model (pour, trim, sculpture, label, polish)
- ☐ Progress Plaster Study Model (pour, rough-trim, pencil label)
- ☐ Through Label Plaster Study Model (pour, trim, sculpture, label)
- ☐ Board Finish Plaster Study Model (to ABO guidelines)
- ☐ Half Standard Plaster Study Model: ☐ Upper ☐ Lower

Create model from: (choose one)

☐ Impression ☐ Hard plaster model

Finished Appearance: (choose one from each)

Trim
☐ Tweed Trim ☐ Parallel Trim

Height
☐ Standard 2¾″ height ☐ Proportioned height

Occlusion (bite required)
☐ Centric Occlusion ☐ To pre-defined wax bite

Labeling: (choose all that apply)

☐ Upper ☐ Lower ☐ Both

Name ______
Age – ie. 14 yrs 4 mos ______
Birthdate ______
Case Number ______
Impression Date ______

DIGITAL STUDY MODEL

- ☐ Standard Digital Study Model
- ☐ Progress Digital Study Model
- ☐ Board quality Digital Study Model

Create model from: (choose one)

☐ Impression ☐ Hard plaster model

Finished Appearance: (choose one from each)

Trim
☐ Tweed Trim ☐ Parallel Trim

Height
☐ Standard 2¾″ height ☐ Proportioned height

Occlusion (bite required)
☐ Centric Occlusion ☐ To pre-defined wax bite

Delivery method:

☐ NorthStar web portal with notification emailed to ______

☐ CD Immediately Weekly When requested
☐ Flash Immediately Weekly When requested
☐ Include Raw Data file (FREE to OrthoAnalyzer users)

(If ths is your first case, please call for integration specifics)

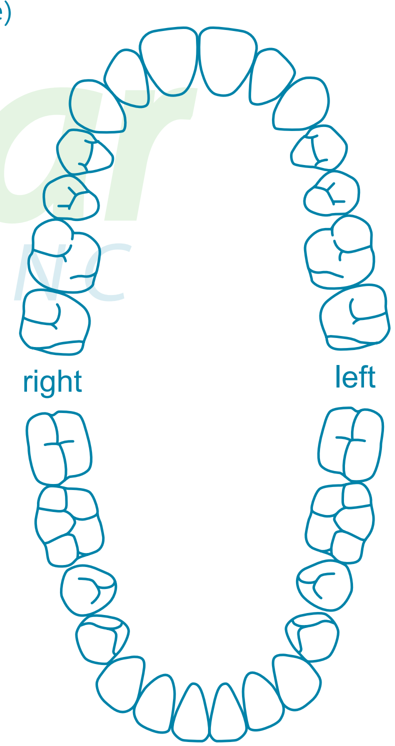
Practice Management Integration:

Practice Management Software ______
Patient ID ______

☐ Please call about this case before beginning fabrication

☐ Follow my preferences on file (call to add or modify preferences at any time)

Special Instructions:
______



Lab Use Only:

☐ Blue ☐ Green ☐ X ☐ Wax
☐ ↑ ☐ ↓ ☐ Band ☐ Appl
☐ Case ☐ Bkn Tth ☐ Glued ☐ Trimmed
☐ Notes ______

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Requests:

☐ Boxes ☐ Labels ☐ Foam
☐ Imp. Bags ☐ Color Chart ☐ Product Catalog
☐ Other: ______

Rx Types:
☐ Standard Ortho ☐ Study Model ☐ Twin Block
☐ Star Aligner ☐ Ozone ☐ Splint
☐ Indirect Bonding ☐ Repair/Remake

License #: ______

Signature: ______

IMPORTANT: Prescription not valid without license # and signature

White: Lab Copy Yellow: Doctor Copy

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