



ORTHODYNE LABORATORIES INC.

STUDY MODEL SERVICE

From Dr. _____

_____ Zip Code _____

License # _____

Provide information to be imprinted on heel of upper and lower model. Please print.

Patient's Name _____

| CHECK SERVICE DESIRED <input checked="" type="checkbox"/> | |
|---|--------------------------|
| Pour impression and trim only | <input type="checkbox"/> |
| Pour impression, trim and finish | <input type="checkbox"/> |
| Duplicate and finish | <input type="checkbox"/> |
| Trim only | <input type="checkbox"/> |

Information to be printed on front base of lower model.

- CHECK FOR TWO SETS
- TWEED TRIM
- RICKETTS TRIM
- Models to be trimmed completely in wax bite.

Note: To insure correct occlusion on your study models, include a wax bite with each set of impressions. When sending models for duplication, mark correct bite on models with a red pencil. Plastic trays will not be cleaned or returned.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Mailing boxes | <input type="checkbox"/> Polyurafoam |
| <input type="checkbox"/> Prescription sheets | <input type="checkbox"/> Poly bags |
| <input type="checkbox"/> Prepaid address mailers | <input type="checkbox"/> Sponges |

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