



500 Village Park Drive  
Powell, Ohio 43065

phone 614.430.8120  
fax 614.430.8021  
email info@d3dentaldesign.com

DOCTOR'S ACCOUNT NUMBER

DATE SHIPPED

DATE WANTED

Allow 3-5 in lab days

1 day prior to appointment

Patient's Name \_\_\_\_\_

Drs. Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Send: Boxes Mailing Labels RX Forms (Download at www.d3dentaldesign.com)

Case Materials Enclosed: Impression Model Digital File Sent by \_\_\_\_\_

DENTAL HANDPIECE REPAIR AVAILABLE

## MODEL SERVICES

Print clearly the information wanted for model identification (plaster or digital).

Patient's Name \_\_\_\_\_

ID Number \_\_\_\_\_

Impression Date \_\_\_\_\_

Birth Date \_\_\_\_\_

**IMPORTANT:** Please include bite registration with patient's name or initials.

### IMPRESSION TRAYS

Disposable Return Trays

### PLASTER MODELS

Study Models from Alginate Impressions  
(Pour, Trim, Carve and Soap)

Study Models  
(Trim and carve)

Unfinished Models from Alginate Impressions  
(Pour and Trim Only)

\* All study models will be trimmed standard tweed height and angles unless otherwise indicated.

\* Call for ABO trim details.

### DIGITAL MODELS

Virtual Set up with 3D viewer

Print virtual set up

Full Finish with 3D viewer

(Pour, Finish with Bases, Archive)

Scan and Archive

(Scan Your Existing Poured Model)

Occlusion CR \_\_\_\_\_ CO \_\_\_\_\_

Molars (R) \_\_\_\_\_ (L) \_\_\_\_\_

Cuspids (R) \_\_\_\_\_ (L) \_\_\_\_\_

Overjet \_\_\_\_\_ mm

Overbite \_\_\_\_\_ mm

### PRINTED MODELS

Indicate:

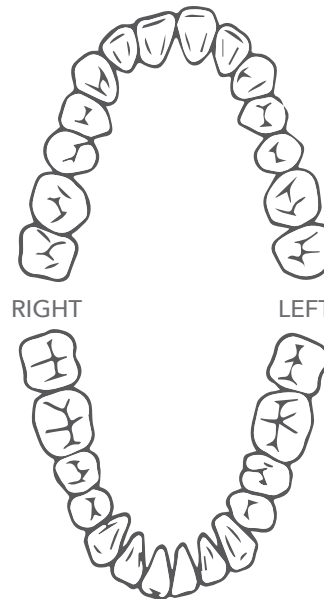
Upper and/or Lower Appliance

Horseshoe -6mm beyond gingival margin

Full Palate or Lingual Anatomy

With Base-Low Profile

With Full Base



Special Instructions:

Personal Signature of Doctor