



Order Form

9129 Lurline Ave. Chatsworth, CA 91311 • Phone 800-423-3270 Fax 818-341-4684 • www.ORTHOpix.com

Doctor's Name: _____ Office Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Patient's Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Date: _____ Email (REQUIRED): _____

PLEASE SEND MORE:

Order Forms

Mailing Materials

▶ DIGITAL MODEL SERVICES:

ORTHOpix Digital Study Models Fee: \$29.95*

*NOTE: Flat rate fee whether impressions or models are received. Impression trays and/or models are not returned unless otherwise indicated. Return requests will incur shipping fees.

▶ OPTIONAL PLASTER MODEL SERVICE:

Plaster Study Models Fee: \$ 69.99**

Plaster study models, benchmounted, hand sculpted, soaped & polished

**IMPRESSION NOTE: Any case that requires a pour-up of impressions will incur an additional fee.

▶ TREATMENT INFO:

Date of Impression: _____

Treatment Name

Pre-treatment

Progress

Post-treatment

▶ ENCLOSED MATERIALS:

Trays / Models

Discard

Return (additional fee)

Arches

Upper

Lower

Dentition

Mixed

Permanent

Bite Registration

Provided

Not Provided

Material

Alginate

Plaster

PVS or equivalent

▶ OCCLUSAL CONDITIONS:

Molar Classification

Class I

Class II

Class III

Dental Vertical

Normal

Deep

Open

Conditions

Edge-to-Edge Bite

Anterior Crossbite

Posterior Crossbite Bilateral Right Left

Special Instructions: _____

Signature: _____ License #: _____

