

STUDY MODELS

Please print lines 1, 2 & 3

Dr. _____

1) Patient _____

2) Age _____ Date of Impression _____

3) Case # _____

FINISH DATE

Check Boxes as needed:

- Pour & Trim Only
- Duplication
- Complete Study Models

I.D. UPPER MODEL

- Lines 1, 2, 3 above
- Line 1 above only

I.D. LOWER MODEL

- Line 1 above only
- Lines 1, 2, 3 above
- Line 3 on front

- Return Trays
- Return Zip Lock Bags

Instructions:

- Trim -
- with bite
 - without bite
 - to board specs

WE NEED:

- Study Model Rx's

Dr. Sig. _____

Address _____

Lic. # _____

Dockstader

YOUR FULL SERVICE DENTAL LAB

340 WEST CROMWELL, SUITE 102 ■ FRESNO, CALIFORNIA 93711-6113
559 / 439-5160 ■ TOLLFREE 1-800 / 433-7168 ■ FAX 559 / 439-8147

