Orthotech

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707 West Main Street Ste. E
Jamestown, NC, 27282

Practice: _____
Address: _____
_____
Date Sent: _____
Due Date: _____

Last Name:		**First Name:**
Date of Impression:	**Date of Birth:**	**Case Number:**

Study Model Rx

Physical Models	***Digital Models***	***Archival***	***3D Printing***
☐ Full Finish	☐ Full Finish	☐ Digital Storage	☐ Segmented Models
☐ Semi Finish	☐ Rough Finish	☐ Physical Storage	☐ Working Models
☐ Rough Finish	☐ Analysis Report		

Please Send More:
☐ Rx Forms Shipping
☐ Labels Shipping
☐ Boxes

Green - Original Yellow - Lab Copy Pink - Doctors Copy

Please Include a Bite Registry

Signature: _____ License Number: _____