



REQUIRED INFORMATION

This is my first case with DDS Lab

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

E-mail (REQUIRED) _____

Patient Name _____

Patient Chart # _____ M F Age _____

Rx Date _____ Due Date/Delivery by 5pm on _____

All digital services require the lab to communicate with your office via email. Case turnaround times are based on the date the case materials are received at DDS Lab. Please allow at least 5 business days (M-F) from that date. Cases requiring doctor consultation and approval may have a longer turnaround time.

CASE MATERIALS

Trays/Models Return Impression/Model (additional fee) Discard after scanning

Arches Upper Lower

Dentition Mixed Permanent

Material Alignate PVS (or similar) Plaster model

PLEASE NOTE: Bite registration is REQUIRED

STAGE

Treatment Stage

Initial Progress Final

OCCCLUSION

Dental Vertical

- Normal
- Deep
- Open

Conditions

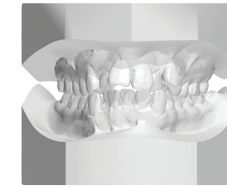
- Edge-to-Edge Bite
- Anterior Crossbite
- Posterior Crossbite Bilateral Right Left

MODEL TYPES

OrthoVault Study Model (.STL file)

Rough Finish

Full Finish



Highlight represents default option if no selection is made

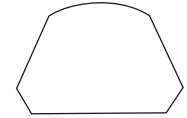
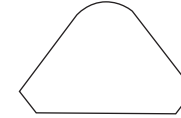
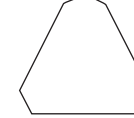
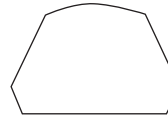
Base Options

Parallel

Tweed

Ricketts

ABO



3D Printed Resin Model (from .STL file)

SPECIAL INSTRUCTIONS

If you have any additional instructions, please include them here:

Dentist signature*

Dentist license no.

This prescription has been reviewed for accuracy, legibility and completion. Impressions and case materials have been approved by the prescribing dentist.

To request additional supplies, email CustomerService@ddslab.com or call 877.337.7800



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