

Date: _____ Office Phone: _____

Doctor: _____

Patient: _____

Return Date: _____ Return Time: _____ AM _____ PM

(Rush dates not guaranteed without prior approval; charges may apply.)

Male ☐ Female ☐

Dentist is Providing: ☐ Pre-Op Model ☐ Mock-Up Model
☐ Bite Index ☐ Stickbite
☐ Photo(s)-Email: info@shantodental.com | Upload: shantodental.com
☐ Other _____

Please indicate alteration(s) from original:

Horizontal Plane: ☐ Study Model ☐ Stick-Bite
☐ Photo(s) ☐ Mock-up
☐ Other _____

Overbite (Length): ☐ Study Model ☐ Mockup
☐ Photo(s)
☐ Measurements _____
☐ Other _____

Overjet: ☐ Study Model ☐ Mockup
☐ Photo(s)
☐ Measurements _____
☐ Other _____

Please indicate any prosthetic tools required:

☐ Trial Prep Model ☐ Putty Index ☐ Putty Reduction Stent(s) ☐ Clear PVS Stent(s)
☐ Other _____

Notes:

Doctor's Signature: _____

License No: _____