

Kuper Orthodontics, Inc.

LABORATORY REQUISITION

STUDY MODELS

NO. _____

DR. _____ DATE _____
ADDRESS _____ DATE DUE _____
STREET _____
CITY _____ STATE _____ ZIP CODE _____

PLEASE PRINT OR TYPE CLEARLY

CASE NO. _____

PATIENT _____ AGE: _____ YRS _____ MOS _____

LABELING INSTRUCTIONS:

(INDICATE PLACEMENT OF LETTERING)

- PERM ID LABEL
 WAX BITE ENCLOSED

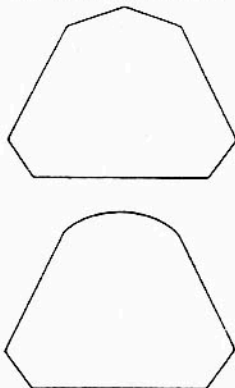
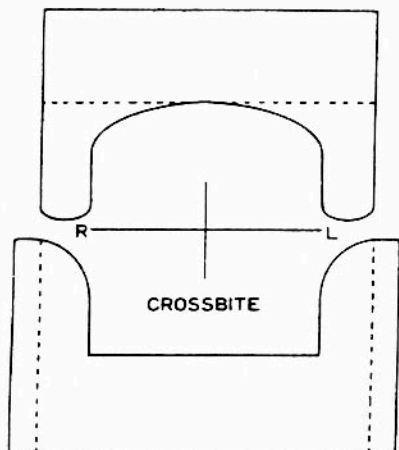
Class: Right _____ Left _____

Overjet: _____ mm

Overbite: _____

Max. Midline _____ mm

L / R of Mandible



Trim: Tweed _____

Rickets _____ Other _____

COMMENTS _____

WE NEED ADDITIONAL BOXES WORK ORDER FORMS MAILING LABELS

RMVL _____ Authorized Signature _____

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