

LAB USE ONLY

Model Printing Rx

Dr. _____ Acct # _____
 Address _____
 City, State, Zip _____
 Patient _____
 Tel # _____ Fax # _____
 E-Mail _____
 Shipped _____ Placement Date _____
(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)

Submitted scans digitally through:


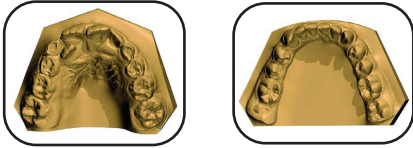
Spark Medit iTero 3Shape Midmark Other _____

(Submit digital Rx to: digital.services@aolab.com)

Special Instructions:

**Allesee Orthodontic Appliances - 13931 Spring Street - Sturtevant, WI 53177
 Phone 1-800-262-5221 - Fax 262-886-6879 - International 262-886-1050**

1. Printed Models

Type	Quantity	Example
Horseshoe Base <input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> <input type="checkbox"/>	
Low Profile Base <input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> <input type="checkbox"/>	

2. STL Files

- Send AOA an electronic (.stl) file and we'll provide printed models. Give us a call and we'll provide you a free FTP site to transfer the files and help get you started.
- Send AOA your plaster/stone models or pvs impressions and AOA will convert them to a .stl file for you.

Doctor Signature _____

