



**FIVE STAR
ORTHODONTIC**
LABORATORY & SUPPLY
P.O. BOX 888
DENTON, TX 76202-0888
800-521-2351
FIVESTARORTHO.COM

Office Use Only

Date Received: _____ Order #: _____

Cephalometric Tracing Department

Doctor: Please complete separate form for each patient

Date: _____ Date Wanted: _____

Dr. Name: _____ Dr. #: _____

Address: _____

Email Address: _____

Bimler \$41.95 **Sassouni Plus** \$41.95 **Rondeau** \$41.95

Treatment Plan/Ceph Interp. (B. Middle) \$95.00 + ceph charge
Includes: Cast Analysis, Schwarz Measurement, & appliance suggestions

Schwarz Korkhaus Measurement \$12.00

Hold model for appliance fabrication: Yes No

Digital Study Models needed: Yes No

Patient's Age: _____

First Name: _____ Last Name: _____

Male: Female:

Signature: _____

Email To: karol@fivestarortho.com

FM 432-101-78