

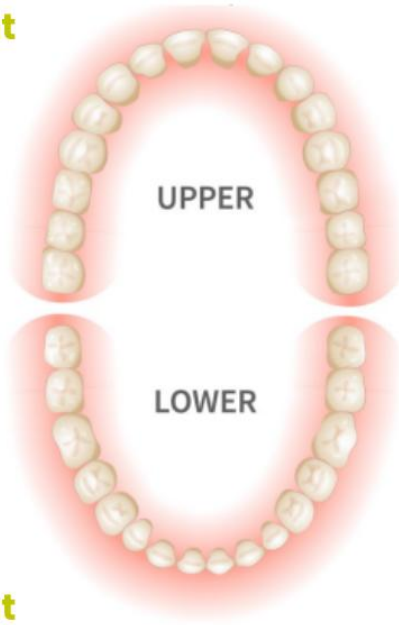
Patient Name: \_\_\_\_\_ Dentist Name: \_\_\_\_\_  
Practice Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Order Date: \_\_\_\_\_ Expected Date: \_\_\_\_\_

★ Impressions Sent: ☐ U ☐ L

Disinfected: ☐ Y ☐ N

Right

Left



Right

Left

| Other Service (s) Required:  | Y                        | N                        |
|------------------------------|--------------------------|--------------------------|
| Premium Retainer             | <input type="checkbox"/> | <input type="checkbox"/> |
| Premium Retainer with Case   | <input type="checkbox"/> | <input type="checkbox"/> |
| Retainer                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Whitening Trays              | <input type="checkbox"/> | <input type="checkbox"/> |
| Soft Splint                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Dual Laminate                | <input type="checkbox"/> | <input type="checkbox"/> |
| Sports Mouthguard (standard) | <input type="checkbox"/> | <input type="checkbox"/> |
| Digital Study Model          | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Study Model         | <input type="checkbox"/> | <input type="checkbox"/> |

Please state your comments for treatment plan: \_\_\_\_\_

Is this a refinements case from 3Dental Premium Aligners Package? Yes or No (please circle)

If yes, please state order number: \_\_\_\_\_

★ P&P is not included in pricing for standard product.

★ ANY SERVICES VIA IMPRESSIONS THERE WILL BE A CHARGE OF £15 FOR CASTING AND SCANNING.

| LAB USE ONLY     |  |
|------------------|--|
| DATE RECEIVED    |  |
| DATE COMPLETED   |  |
| LAB TECHNICIAN   |  |
| <b>SIGNATURE</b> |  |