

Practice Name		
Delivery Address		
Dentist Name		
Contact Email/Telephone		
Order No.		
Patient Name		Impressions sent <input type="checkbox"/> U <input type="checkbox"/> L

Please tick service(s) required:

3Dental Premium Aligners	(Tick here if required)
<u>Package Includes:</u> Casting & Scanning Treatment Plan Aligners Premium Retainers Dental Monitoring Premium Packaging Case Support Unlimited Refinements	Comments:

Teeth to move																
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Other services:

Premium Retainer	<input type="checkbox"/> U	<input type="checkbox"/> L	Standard Retainer	<input type="checkbox"/> U	<input type="checkbox"/> L
Whitening Tray	<input type="checkbox"/> U	<input type="checkbox"/> L	Soft Splint	<input type="checkbox"/> U	<input type="checkbox"/> L
Digital Study Model	<input type="checkbox"/> U	<input type="checkbox"/> L	Study Model (Physical model)	<input type="checkbox"/> U	<input type="checkbox"/> L

Date	
Clinician Signature	

Lab use only

Initial Contact

Final Contact

Date		Date	
		Total Price	

