

Practice Name	
Delivery Address	
Dentist Name	
Contact Email/ Telephone	
Patient Name	

Impressions sent? U L

Disinfected? Yes or No (please circle)

Other Service(s) Required (please tick) U L

Premium Retainer	<input type="checkbox"/>	<input type="checkbox"/>
Premium Retainer (No Box)	<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 Mouth guard (standard)	<input type="checkbox"/>	<input type="checkbox"/>
Digital Study Model	<input type="checkbox"/>	<input type="checkbox"/>
Study Model (Physical Model)	<input type="checkbox"/>	<input type="checkbox"/>

Package includes:

- ◆ Casting & Scanning ◆ Treatment Plan ◆ Aligners ◆ Dental Monitoring
- ◆ Premium Retainers ◆ Premium Packaging ◆ Case Support ◆ Unlimited Refinements

<p style="text-align: center;"><u>Circle the teeth that you want moving</u></p> <div style="text-align: center;"> </div>	<p>Please state your comments for treatment plan:</p> <p>If required IPR? Yes or No (please circle)</p> <p>If required attachments? Yes or No (please circle)</p>
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Is this a refinements case from 3Dental Premium Aligners Package? Yes or No (please circle)

If yes, state order No. _____

Date _____

Clinician Signature _____

Lab use only

Initial Contact _____

Date _____

Final Contact _____

Date _____