



LAB USE ONLY

CASE No.

LAB CODE



REQUIRED INFORMATION

CLINICIAN

PATIENT NAME

PRACTICE

ADDRESS

PATIENT No.

PHONE/EMAIL

DATE REQUIRED

RETAINERS

ESSIX/INVISIBLE RETAINERS

UPPER LOWER

ACE C+ ZENDURA GT FLEX PRO

MULTI OFFER: 2 SETS 3 SETS

PREMIUM RISIO® RETAINERS

UPPER LOWER

BONDED RETAINERS

UPPER LOWER

TWISTFLEX STRAIGHT 8+

WHITENING TRAYS

UPPER LOWER

SCALLOPED STRAIGHT

WITH RESERVOIRS WITHOUT RESERVOIRS

PREMIUM RISIO® WHITENING KIT

UPPER LOWER

NIGHTGUARDS

UPPER LOWER

HARD SOFT HARD/SOFT

1.5MM 2MM 3MM

MOUTHGUARDS

3MM 4MM 5MM

COLOUR _____ (SEE CHART)

CLEAR ALIGNERS

UPPER LOWER BOTH

EMAIL TO RECEIVE TREATMENT PLAN

FURTHER INSTRUCTIONS

STUDY MODELS

STONE MODELS U L

DIGITAL MODELS U L
- PRE TX POST TX

PAR SCORE

PRINTED MODELS U L

- HORSESHOE

- FULL BASE

SEND LAB DOCKETS SEND POSTAGE LABELS

CLINICIAN SIGNATURE

ATM

W

A

F

C