



# CARDIFF ORTHO

an ALS company

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MHRA No: 1367



LAB USE ONLY

CASE No.

LAB CODE



## REQUIRED INFORMATION

CLINICIAN	PATIENT NAME
PRACTICE	
ADDRESS	PATIENT No. <span style="float: right;">PRIVATE <input type="checkbox"/> NHS <input type="checkbox"/></span>
PHONE/EMAIL	DATE REQUIRED

## RETAINERS

### ESSIX/INVISIBLE RETAINERS

UPPER  LOWER

NHS ACE  C+  PRIVATE ZENDURA  LUX

**MULTI OFFER:** 2 SETS  3 SETS

### PREMIUM RISIO® RETAINERS

UPPER  LOWER

### BONDED RETAINERS

UPPER  LOWER

TWISTFLEX  STRAIGHT 8+

## REMOVABLE APPLIANCES

CRIBS \_\_\_\_\_

SPRINGS \_\_\_\_\_

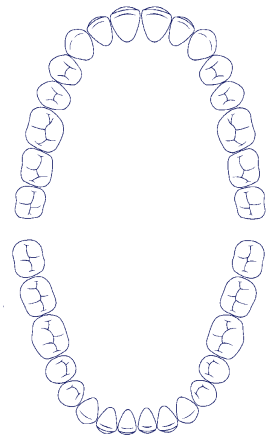
LABIAL BOW \_\_\_\_\_

SCREW \_\_\_\_\_

A.B.P. \_\_\_\_\_

P.B.P. \_\_\_\_\_

COLOUR \_\_\_\_\_



## CLEAR ALIGNERS

UPPER  LOWER  BOTH

EMAIL TO RECEIVE TREATMENT PLAN

## FURTHER INSTRUCTIONS

Blank area for further instructions.

## STUDY MODELS

	U	L
STONE MODELS	<input type="checkbox"/>	<input type="checkbox"/>
DIGITAL MODELS	<input type="checkbox"/>	<input type="checkbox"/>
- PRE TX	<input type="checkbox"/>	POST TX <input type="checkbox"/>
PAR SCORE	<input type="checkbox"/>	

	U	L
PRINTED MODELS		
- HORSESHOE	<input type="checkbox"/>	<input type="checkbox"/>
- FULL BASE	<input type="checkbox"/>	<input type="checkbox"/>

SEND LAB DOCKETS  SEND POSTAGE LABELS

ATM

W

A

F

C

CLINICIAN SIGNATURE