

Dentist _____ Invoice Name _____
 Invoice Address _____ Suburb _____ Postcode _____
 Tel _____ Email _____
 Account Number Patient ID _____ Date _____
 Patient ID - If patient name is listed here, please ensure you have written patient consent. Patient D.O.B _____

INSTRUCTIONS

1. Hold patient at current/best-fitting aligner.
2. Prior to taking new impression, remove existing attachments and buttons as new/different attachments and buttons may be required.
3. Please provide a set of 8 new clinical photos, PVS impressions of both arches and bite registration.

1. REASON FOR SUBMISSION

- Teeth are not tracking
- Treatment plan change
- Patient has new restoration or dental work
- Patient was not compliant
- Needs finishing improvements
- Other (please specify) _____

2. WHAT ALIGNER IS PATIENT CURRENTLY WEARING?

- Upper aligner number: _____
- Lower aligner number: _____

3. ARCH TO TREAT

- Both
- Upper
- Lower

4. ARE YOU SENDING NEW IMPRESSION/SCAN?

(If requesting treatment on both arches, it is recommended that impressions/scan are sent for both arches)

Upper arch Yes No
 Lower arch Yes No

5. HOW WOULD YOU LIKE YOUR TREATMENT PLAN SET UP?

- Same final tooth position as the original ClinCheck® treatment plan
- Finishing for the current tooth position
- Other (Specify in Treatment Instructions)

6. TOOTH MOVEMENT RESTRICTIONS

(EX. BRIDGES, ANKYLOSED TEETH, IMPLANTS, ETC.)

- None (move all teeth)
- These specific teeth should not be moved

	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L
	4.8	4.7	4.6	4.5	4.4	4.3	4.2	4.1	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	

Doctor is solely responsible for the completion and interpretation of radiographs and other diagnostic records.

7. ATTACHMENTS (TO SPECIFY ATTACHMENTS, SEE CLINICAL PREFERENCES)

- Place attachments as needed (to specify attachment defaults for certain movements, see Clinical Preferences)
- Do not place attachments on these teeth

	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L
	4.8	4.7	4.6	4.5	4.4	4.3	4.2	4.1	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	

Please contact SCD Invisalign Department for the latest fee charges on **09 379 9778** or email: invisalign@scdlab.com

8. IPR

- Perform IPR as needed
- Do not perform any IPR
- Do not perform IPR on these specific contacts

	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L
	4.8	4.7	4.6	4.5	4.4	4.3	4.2	4.1	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	

9. PRECISION CUTS

- None
- Same placements as previous treatment plan
- Place Precision Cuts as per my Clinical Preferences
- Place Precision Cuts as specified in Precision Cuts Interface

10. RESIDUAL SPACES

- None
- Close the following residual spaces (also, specify the amount of residual space present)

TREATMENT INSTRUCTIONS

Upper arch

Lower arch

CASE CHECK LIST

- 8 Clinical Photos
- Upper PVS Impression
- Lower PVS Impression

Impressions must be taken on Invisalign trays.

Please ensure all of the above are submitted to SCD Invisalign to process your case.