

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. Send new photos (required if impressions will not be sent), and PVS impressions (recommended) of arches needing correction.

**1. ARCH TO TREAT**

- Both  Upper  Lower

**2. WHAT ALIGNER IS PATIENT CURRENTLY WEARING?**

- Upper aligner number: \_\_\_\_\_  
 Lower aligner number: \_\_\_\_\_

Aligners not sent for arch in current treatment plan

**3. WOULD YOU LIKE THE SAME TREATMENT PLAN AS ORIGINALLY PRESCRIBED? (IF NO, SPECIFY IN TREATMENT INSTRUCTIONS)**

- Upper arch  Yes  No  
 Lower arch  Yes  No

**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. IS THIS ORDER DUE TO POOR PATIENT COMPLIANCE, NEW DENTAL WORK, OR A CHANGE IN DOCTOR'S TREATMENT GOALS?**

- Yes  No

**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
<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"/>
R															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. 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
<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"/>
R															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

A fee applies if this refinement is submitted after the refinement fee date for Lite cases.

i7 refinement charges apply. Please contact SCD Invisalign Department for the latest fee charges on 09 379 9778 or email: [invisalign@scdlab.com](mailto:invisalign@scdlab.com)

**8. ATTACHMENTS**

(TO SPECIFY ATTACHMENTS, SEE CLINICAL PREFERENCES)

- Place attachments as needed  
 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
<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"/>
R															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. EXISTING ATTACHMENTS**

- Virtually remove all existing attachments in impression/scan and place new attachments as needed (recommended)  
 Virtually remove all optimised attachments (keep conventional) in impression/scan and place new attachments as needed

New attachments will be placed at stage 1.

**TREATMENT INSTRUCTIONS**

Upper arch

Lower arch

**IMPORTANT INFORMATION**

If only a single impression is sent, the bite will be set at an estimated centric occlusion using the original data for the opposing arch.

A new ClinCheck® treatment plan will be provided, and your approval will be required before aligners are manufactured.

**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.