

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 \_\_\_\_\_

1. QUANTITY

- 1 Set  3 Sets

2. ARCH TO TREAT

- Both  Upper  Lower

3. WHAT ALIGNER IS PATIENT CURRENTLY WEARING?

- New impression/scan to be sent in
- Use the last active non-overcorrection stage from the recent ClinCheck® treatment plan
- Specify a stage number from the ClinCheck treatment plan
 Upper Arch
 Lower Arch
- Use upper/lower arch from previous Vivera retainer order

4. SELECT ONE OF THESE OPTIONS

- If your patient has a fixed lingual retainer, please select one of the options:
 Maintain the lingual retainer and cover it with the Vivera retainer
 Maintain the lingual retainer and trim the Vivera retainer to contour
 Please virtually remove the lingual retainer as I will remove it clinically

If prescribed by a doctor, the Vivera retainer will be modified for use with the lingual wire. In some instance the location of the bonded lingual wire may require cut lines that effect the durability of the retainer. The doctor is responsible for ensuring appropriate and continued retainer fit not only for durability purposes but to avoid any possible dislodging of the lingual wire.

CASE CHECK LIST

- 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.

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