Southern Cross Dental | invisalign®

SEND IMAGES via MySCD

TRACK YOUR CASE scdlab.co.nz

PRESCRIPTION & DIAGNOSIS

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. INVISALIGN TREATMENT

Express (7-stage) ◯ Comprehensive Option 1 (Unlimited AA, 5 Years)

Moderate (26-stage) ◯ Comprehensive Option 2 (3 AA, 3 Years)

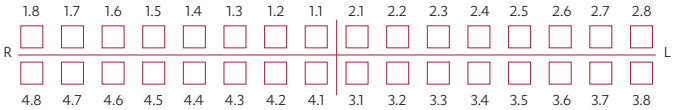
Lite (14-stage) ◯ Comprehensive Option 3 (Pay as you go, 4 Years)

2. TREATED ARCHES

◯ Upper Only ◯ Lower Only ◯ Both

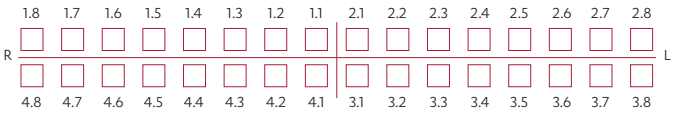
3. TOOTH MOVEMENT RESTRICTION

Do not move these teeth:
(Note: bridges, ankylosed teeth or implants not to be moved)



4. DO NOT PLACE ATTACHMENTS ON THESE TEETH

(Note: crowns, labial or buccal restorations)



5. ANTERIOR - POSTERIOR (A-P) RELATIONSHIP

	Right	Left
◯ Maintain	◯	◯
◯ Improve canine relationship only	◯	◯
◯ Improve canine & molar relationship up to 4 mm	◯	◯
◯ Correction to Class I (canine & molar)	◯	◯
◯ Distalisation (up to 2 mm, without elastics)	◯	◯

6. OVERJET UPPER

◯ Show resulting after alignment

◯ Maintain initial (may require IPR)

◯ Improve resulting

7. OVERBITE

◯ Show resulting after alignment

◯ Maintain initial (may require IPR)

◯ Improve resulting

8. BITE RAMPS

◯ None

◯ Place Bite Ramps on lingual of these upper teeth

Incisors

◯ Central incisors ◯ Lateral incisors

◯ Note: Placement of Bite Ramps will take the place of the upper anterior intrusion features (pressure areas) if applicable.

◯ **Canines**

9. MIDLINE CHANGE: RECOMMENDED LIMIT <2MM

◯ Maintain **Upper**/MOVE ◯ Right ◯ Left ◯ 1-2mm

◯ Maintain **Lower**/MOVE ◯ Right ◯ Left ◯ 1-2mm

Cancellation fee applies once the case has been submitted to Align Technology.

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

10. SPACING RESOLUTION

Upper

◯ Close all spaces

◯ Leave space/s, specify where _____

Lower

◯ Close all spaces

◯ Leave space/s, specify where _____

11. CROWDING RESOLUTION

Upper

Procline:	◯ Primarily	◯ As needed	◯ None
Expand:	◯ Primarily	◯ As needed	◯ None
IPR Anterior:	◯ Primarily	◯ As needed	◯ None
IPR Posterior Right:	◯ Primarily	◯ As needed	◯ None
IPR Posterior Left:	◯ Primarily	◯ As needed	◯ None

Lower

Procline:	◯ Primarily	◯ As needed	◯ None
Expand:	◯ Primarily	◯ As needed	◯ None
IPR Anterior:	◯ Primarily	◯ As needed	◯ None
IPR Posterior Right:	◯ Primarily	◯ As needed	◯ None
IPR Posterior Left:	◯ Primarily	◯ As needed	◯ None

12. COMPLIANCE INDICATOR

◯ Yes (fee applies)

◯ No

Free additional aligners within Treatment Expiration Date (1 for Express Package, 2 for Lite Package and unnlimited for Moderate and Comprehensive Packages).

ADDITIONAL INSTRUCTIONS

CASE CHECK LIST

◯ OPG

◯ Lateral Ceph

◯ 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.

Postal Address Level 1, 6 Auburn Street, Grafton, Auckland 1023
T. 09 379 9778 | **F.** 09 379 9777