

Clear Image® Aligners By



<input type="checkbox"/> PHONE ME REGARDING THIS CASE	<input type="checkbox"/> SEND ADDITIONAL
<input type="checkbox"/> SPECIAL INSTRUCTIONS ON FILE	<input type="checkbox"/> RX FORMS
<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> SEND LAB	<input type="checkbox"/> MAILING LABELS
<input type="checkbox"/> ADDRESS CHANGE SERVICE PACKET	<input type="checkbox"/> SHIPPING SUPPLIES

Doctor _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Patient Name _____

Date Shipped _____ Date Needed _____

Approval to charge Express Shipping to return on date needed.

Appointment Date and Time _____

E-Mail Address _____

Office Use:

1 2 3 4 + PD: SA DR

Models: U L Both Bands Crowns Broken

Impressions: U L Both

Final Insp. _____

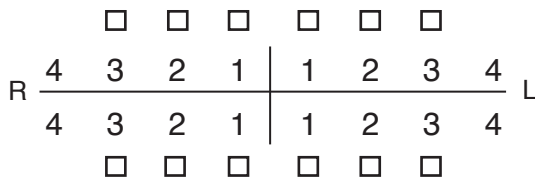
WHAT TO SEND FOR ALIGNERS

We recommend impressions for aligners taken with alginate be poured immediately using high quality stone. As an alternative, customers may send PVS type impressions to Familia Tuccini Orthodontic Laboratory

ALIGNER SERIES REQUESTED

<input type="checkbox"/> As Needed (1-3)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> As Needed (4-5)	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Refinement / Continued Tx	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Retention Retainer	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower

Check Teeth to be Overcorrected / Circle Teeth to be Reset



Reset Upper and Lower Cuspid to Cuspid

Reset Upper and Lower 1st Bicuspid to 1st Bicuspid

Reset Teeth Indicated to Best Advantage

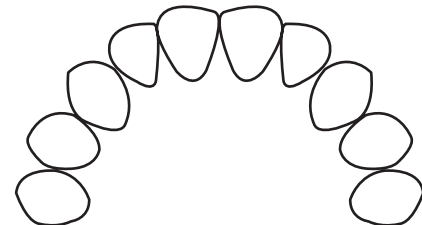
Overcorrect Teeth as Indicated – per diagram above

FINAL RETAINERS

<input type="checkbox"/> Invisible	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Essix - Full Arch	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower

IPR INSTRUCTIONS

- Enamel Reduction – Indicate on Diagram
- Reduce Teeth as Needed in Laboratory
- Returned with Case IPR Amount and Location
- IPR Done Clinically Prior to Impressions
- No IPR for Reset



R Please indicate the Amount and Location of IPR on the Diagrams L



IPR DIAGRAMS – Location and Amount

SPECIAL INSTRUCTIONS: Tooth # System used Universal Palmer

Dr. Signature: _____ License Number: _____