



Doctors name: _____
 Practice name: _____
 Practice address: _____
 Address _____
 Post Code _____
 Tele _____
 Email: _____

Patients name: _____
 Date of Birth: _____
 Gender: M F Arch Treatment: Dual Arch Single Arch
 Case type: Limited 6, Limited 12, Limited 18, Limited 24, Retainer,
 What is your preferred return date: _____

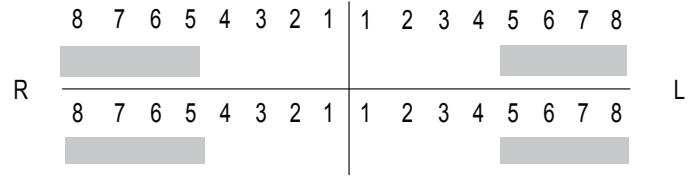
Requirements _____
 Chief Complaint _____

Upper midline	Lower midline	Digital Treatment Assessment Plan Required* <small>*mandatory for limited 12, 18 and 24. Please refer to price list for charges</small>	
Centered	Centered	Canine relationship	Molar relationship
shifted right ___ mm	shifted right ___ mm	right: class _____	right: class _____
shifted left ___ mm	shifted left ___ mm	left: class _____	left: class _____

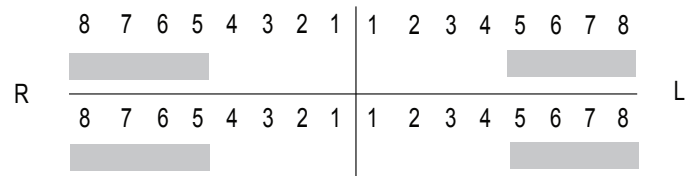
INSTRUCTIONS If you leave any of these options blank, we'll perform the default action highlighted in grey.

Treat arches	upper	lower
Upper midline	maintain	improve
Lower midline	maintain	improve
Overjet Overbite	maintain	improve
Overjet Overbite	maintain	improve
Arch Form	maintain	improve
Canine Relationship	maintain	improve
Molar Relationship	maintain	improve
Posterior Crossbite	maintain	improve

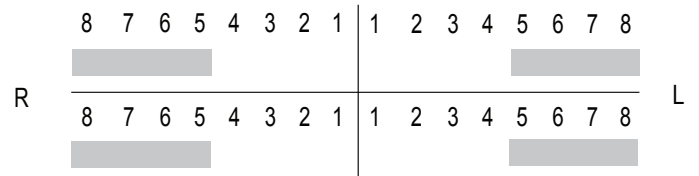
Do not move these teeth (bridges, ankylosed teeth, etc.)



Avoid engagers on these teeth (facial restorations, etc.)



I want to extract these teeth



Other instructions

Please email us for more support info@clearaligner.co.uk

Telephone: 01268 417144

CA Laboratories Ltd, Unit 11 Westmayne Industrial Park, Bramston Way, Basildon Essex SS15 6TP

Please refer to our terms and conditions