

Clear Image® Aligners / Rx

CLEAR IMAGE® ALIGNERS

FROM SPECIALTY APPLIANCES

<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 SERVICES 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. _____

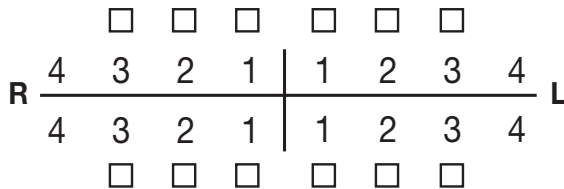
WHAT TO SEND FOR ALIGNERS

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 Specialty Appliances 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



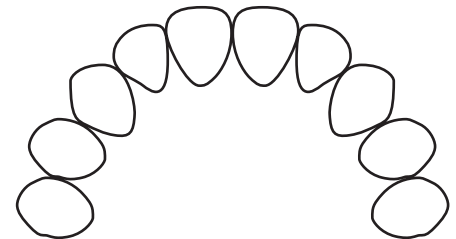
- Reset Upper and Lower Cuspid to Cuspid
- Reset Upper and Lower 1st Bicuspid to 1st Bicuspid
- Reset Teeth Indicated to Best Advantage
- Overcorrect Teeth as Indicated—per diagram above

FINAL RETAINERS

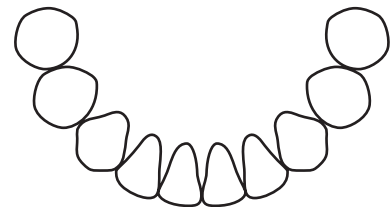
- | | | |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> Invisible | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Essix - Full Arch | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |

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

MKT-11, 7-09

Dr. Signature: _____ License Number: _____

P.O. Box 100005 Cumming, GA 30028-9919 (for use only with Specialty Appliances prepaid business reply labels)

4905 Hammond Industrial Dr. Cumming, Georgia 30041 (for all cases shipped directly to street address)

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