

Practice Name \_\_\_\_\_ Invoice Name \_\_\_\_\_

Invoice Address \_\_\_\_\_ City | County \_\_\_\_\_ Postcode \_\_\_\_\_

BATCH # (Office only)

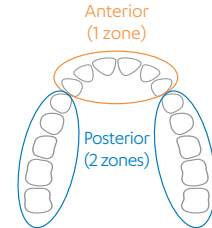
Tel \_\_\_\_\_ Email \_\_\_\_\_

Patient ID \_\_\_\_\_ Date \_\_\_\_\_

New Case  Continuation/Remake Account Number

Work Required by   Day   Month

**1 DIAGNOSTICS**



**Treatment zones**

**Single arch treatment**

- |  |  |
|--|--|
| <input type="checkbox"/> Upper Anterior      | <input type="checkbox"/> Lower Anterior      |
| <input type="checkbox"/> Upper Posterior     | <input type="checkbox"/> Lower Posterior     |
| <input type="checkbox"/> Upper Complete arch | <input type="checkbox"/> Lower Complete arch |

**Upper and lower arch treatment**

- |  |   |
|--|---|
| <input type="checkbox"/> Upper + Lower Anterior (2 zones)      | <input type="checkbox"/> 3 zones: Anterior: Upper arch / Lower arch |
| <input type="checkbox"/> Upper + Lower Posterior (4 zones)     | Posterior: Upper arch / Lower arch                                  |
| <input type="checkbox"/> Upper + Lower Complete arch (6 zones) | <input type="checkbox"/> 5 zones: Complete: Upper arch / Lower arch |
|  | Posterior: Upper arch / Lower arch                                  |

**Single Arch Treatment**

- Digital
- ✓ Digital impression (fill out scan reference: .....
  - ✓ Digital bite registration and OVD (fill out scan reference): .....
  - ✓ Provisional build-up 11 and 21 (fill out scan reference): .....

- Analogue (Surcharge)
- ✓ Analogue impressions (to be converted to digital files)
  - ✓ Bite registration and OVD analogue
  - ✓ Provisional build-up 11 and 21 analogue impression

**TRY-IN PHASE (OPTIONAL)**

Shade A1/ A2/ A3/ B1/ Bleach

**You will receive:**

- SCDView Digital Diagnostic Design
- 3D printed model
- Putty-key
- Temporary composite

**2 FINAL INJECTION PHASE**

- Try-in is correct, no adjustments required
- Try-in is requires adjustments, new scan (fill out scan reference): .....

**Shade**

- Shade nano-filled injectable composite syringes:  
A1/ A2/ A3/ B1/ Bleach
- Additional syringes for increased opacity (surcharge):  
..... X AO1  
..... X AO2  
..... X AO3
- Additional syringes for enamel shade (surcharge):  
..... X JE (junior, higher value, A1, A2)  
..... X AE (adult, lower value, A3 and up)

**You will receive:**

- SCDView - Digital Diagnostic Design
- Full & alternating models
- Transparent moulds
- Metal strips
- Polishing rubbers
- Teflon isolation tape
- Nano-filled injectable composite (select your choice on the left)

**3 COMMENTS**

**Prescriber Feedback:**

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the device(s) on receipt as soon as possible.