

Dentist Invoice Name Invoice Address Suburb Postcode Tel Email Patient ID Date Patient ID - Please do not use patient's name unless consent is provided, and appropriate form/s have been completed. Patient D.O.B

INSTRUCTIONS

- 1. Hold patient at current/best-fitting aligner. 2. Prior to taking new impression, remove existing attachments and buttons as new/ different attachments and buttons may be required. 3. Please provide a set of 8 new clinical photos, PVS impressions of both arches and bite registration.

1. REASON FOR SUBMISSION

- Teeth are not tracking Treatment plan change Patient has new restoration or dental work Patient was not compliant Needs finishing improvements Other (please specify)

2. WHAT ALIGNER IS PATIENT CURRENTLY WEARING?

- Upper aligner number: Lower aligner number:

3. ARCH TO TREAT

- Both Upper Lower

4. ARE YOU SENDING NEW IMPRESSION/SCAN?

(If requesting treatment on both arches, it is recommended that impressions/scan are sent for both arches) Upper arch Lower arch Yes No Yes No

5. HOW WOULD YOU LIKE YOUR TREATMENT PLAN SET UP?

- Same final tooth position as the original ClinCheck® treatment plan Finishing for the current tooth position Other (Specify in Treatment Instructions)

6. TOOTH MOVEMENT RESTRICTIONS

(EX. BRIDGES, ANKYLOSED TEETH, IMPLANTS, ETC.)

- None (move all teeth) These specific teeth should not be moved

Diagram showing tooth positions 1.8 to 2.8 and 4.8 to 3.8 with checkboxes for movement restrictions.

Doctor is solely responsible for the completion and interpretation of radiographs and other diagnostic records.

7. ATTACHMENTS (TO SPECIFY ATTACHMENTS, SEE CLINICAL PREFERENCES)

- Place attachments as needed (to specify attachment defaults for certain movements, see Clinical Preferences) Do not place attachments on these teeth

Diagram showing tooth positions 1.8 to 2.8 and 4.8 to 3.8 with checkboxes for attachments.

Please contact SCD Invisalign Department for the latest fee charges on 02 8062 9810 or email: invisalign@scdlab.com

8. IPR

- Perform IPR as needed Do not perform any IPR Do not perform IPR on these specific contacts

Diagram showing tooth positions 1.8 to 2.8 and 4.8 to 3.8 with checkboxes for IPR.

9. PRECISION CUTS

- None Same placements as previous treatment plan Place Precision Cuts as per my Clinical Preferences Place Precision Cuts as specified in Precision Cuts Interface

10. RESIDUAL SPACES

- None Close the following residual spaces (also, specify the amount of residual space present)

TREATMENT INSTRUCTIONS

Upper arch

Lower arch

CASE CHECK LIST

- Upper intra oral scan Upper PVS Impression Lower intra oral scan Lower PVS Impression Intra Oral Clinical Photos

COMPATIBLE SCANNER BRANDS

Compatible brands excepted with Invisalign

- iTero 3M True Definition Dentsply Sirona CEREC Omnicam 3Shape Trios 3

(Contact SCD Invisalign Team for further information)

Please ensure all of the above are submitted to SCD Invisalign to process your case.