

Dentist \_\_\_\_\_ Invoice Name \_\_\_\_\_  
 Invoice Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
 Tel \_\_\_\_\_ Email \_\_\_\_\_  
 Account Number      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 \_\_\_\_\_

**1. INVISALIGN TREATMENT**

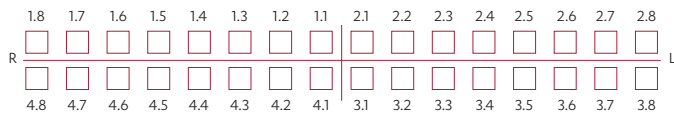
- Express (7-stage)
- Moderate (26-stage)
- Lite (14-stage)
- Comprehensive Option 1 (Unlimited AA, 5 Years)
- Comprehensive Option 2 (3 AA, 3 Years)
- Comprehensive Option 3 (Pay as you go, 4 Years)

**2. TREATED ARCHES**

- Upper Only
- Lower Only
- Both

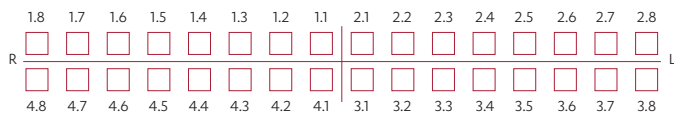
**3. TOOTH MOVEMENT RESTRICTION**

Do not move these teeth:  
 (Note: bridges, ankylosed teeth or implants not to be moved)



**4. DO NOT PLACE ATTACHMENTS ON THESE TEETH**

(Note: crowns, labial or buccal restorations)



**5. ANTERIOR - POSTERIOR (A-P) RELATIONSHIP**

- |  |                             |                            |
|--|-----------------------------|----------------------------|
| <input type="radio"/> Maintain                                       | Right <input type="radio"/> | Left <input type="radio"/> |
| <input type="radio"/> Improve canine relationship only               | <input type="radio"/>       | <input type="radio"/>      |
| <input type="radio"/> Improve canine & molar relationship up to 4 mm | <input type="radio"/>       | <input type="radio"/>      |
| <input type="radio"/> Correction to Class I (canine & molar)         | <input type="radio"/>       | <input type="radio"/>      |
| <input type="radio"/> Distalisation (up to 2 mm, without elastics)   | <input type="radio"/>       | <input type="radio"/>      |

**6. OVERJET UPPER**

- Show resulting after alignment
- Maintain initial (may require IPR)
- Improve resulting

**7. OVERBITE**

- Show resulting after alignment
- Maintain initial (may require IPR)
- Improve resulting

**8. BITE RAMPS**

- None
  - Place Bite Ramps on lingual of these upper teeth
- Incisors**
- Central incisors
  - Lateral incisors
  - Note: Placement of Bite Ramps will take the place of the upper anterior intrusion features (pressure areas) if applicable.
- Canines

**9. MIDLINE CHANGE: RECOMMENDED LIMIT <2MM**

- Maintain Upper/MOVE
- Maintain Lower/MOVE
- Right
- Left
- 1-2mm

**Cancellation fee applies once the case has been submitted to Align Technology.**  
 Please contact SCD Invisalign Department for the latest fee charges on 02 8062 9810 or email: [invisalign@scdlab.com](mailto:invisalign@scdlab.com)

**10. SPACING RESOLUTION**

- Upper**
- Close all spaces
  - Leave space/s, specify where \_\_\_\_\_
- Lower**
- Close all spaces
  - Leave space/s, specify where \_\_\_\_\_

**11. CROWDING RESOLUTION**

- Upper**
- Procline:  Primarily  As needed  None
- Expand:  Primarily  As needed  None
- IPR Anterior:  Primarily  As needed  None
- IPR Posterior Right:  Primarily  As needed  None
- IPR Posterior Left:  Primarily  As needed  None
- Lower**
- Procline:  Primarily  As needed  None
- Expand:  Primarily  As needed  None
- IPR Anterior:  Primarily  As needed  None
- IPR Posterior Right:  Primarily  As needed  None
- IPR Posterior Left:  Primarily  As needed  None

**12. COMPLIANCE INDICATOR**

- Yes (fee applies)
- No

**ADDITIONAL INSTRUCTIONS**

**CASE CHECK LIST**

- Upper intra oral scan
- Lower intra oral scan
- Upper PVS Impression
- Lower PVS Impression
- OPG
- Lateral Ceph
- 8 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.