

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 _____

Account Number

1. QUANTITY

- 1 Set
- 3 Sets

2. ARCH TO TREAT

- Both
- Upper
- Lower

3. WHAT ALIGNER IS PATIENT CURRENTLY WEARING?

- New impression/scan to be sent in
- Use the last active non-overcorrection stage from the recent ClinCheck® treatment plan _____
- Specify a stage number from the ClinCheck treatment plan
 - Upper Arch
 - Lower Arch
- Use upper/lower arch from previous Vivera retainer order

4. SELECT ONE OF THESE OPTIONS

- If your patient has a fixed lingual retainer, please select one of the options:
 - Maintain the lingual retainer and cover it with the Vivera retainer
 - Maintain the lingual retainer and trim the Vivera retainer to contour
 - Please virtually remove the lingual retainer as I will remove it clinically

If prescribed by a doctor, the Vivera retainer will be modified for use with the lingual wire. In some instance the location of the bonded lingual wire may require cut lines that effect the durability of the retainer. The doctor is responsible for ensuring appropriate and continued retainer fit not only for durability purposes but to avoid any possible dislodging of the lingual wire.

CASE CHECK LIST

- Upper intra oral scan
- Lower intra oral scan
- Upper PVS Impression
- Lower PVS Impression

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.

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