

<input type="checkbox"/>	Non Member	<input type="checkbox"/>	Paid Preliminary Assessment
		<input type="checkbox"/>	Paid Case Mentoring

<input type="text" value="Impression Date"/>	<input type="text" value="Fit Date"/>
--	---------------------------------------

<input type="text" value="Country"/>	<input type="text" value="Postcode"/>
--------------------------------------	---------------------------------------

Reset teeth

<input type="text" value="U"/>	<input type="text" value="6 5 4 3 2 1"/>	<input type="text" value="1 2 3 4 5 6"/>
<input type="text" value="L"/>	<input type="text" value="6 5 4 3 2 1"/>	<input type="text" value="1 2 3 4 5 6"/>

Appliances

<input type="text" value="U"/>	<input type="text" value="L"/>	Inman Aligner Super Slim Bow
<input type="text" value="U"/>	<input type="text" value="L"/>	Inman Aligner Standard
<input type="text" value="U"/>	<input type="text" value="L"/>	ClearSmile Aligner Light

<input type="text" value="U"/>	<input type="text" value="L"/>	ClearSmile Aligner
<input type="text" value="U"/>	<input type="text" value="L"/>	ClearSmile Brace
<input type="text" value="U"/>	<input type="text" value="L"/>	ClearSmile Brace Clarity Advanced
<input type="text" value="U"/>	<input type="text" value="L"/>	ClearSmile Discreet Brace

<input type="text" value="U"/>	<input type="text" value="L"/>	Refiners
<input type="text" value="U"/>	<input type="text" value="L"/>	Essix Retainer
<input type="text" value="U"/>	<input type="text" value="L"/>	Bonded Retainer with Jig
<input type="text" value="U"/>	<input type="text" value="L"/>	Bleaching Trays

Notes

Please use this space for appliance descriptions and sundry item orders

