

Order form: ClearSmile appliance

Patient name

Clinician

Practice name

Address

Country Postcode

Phone

Email

Express Archwize (3 working days) Chargeable

Standard Archwize (6 working days)

Case Support ID #

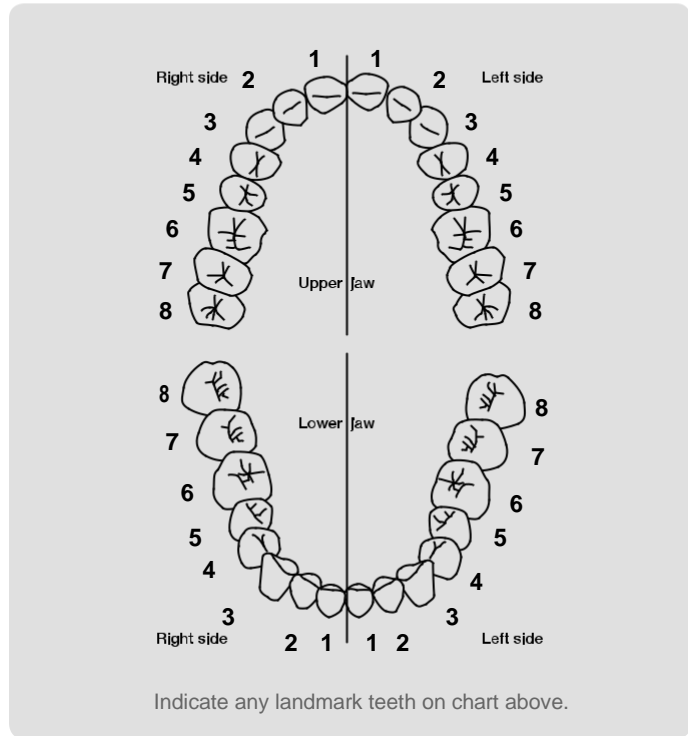
Impression Date

Fit Date

Reset teeth

U 6 5 4 3 2 1 1 2 3 4 5 6

L 6 5 4 3 2 1 1 2 3 4 5 6



Appliances

<input type="checkbox"/> U	<input type="checkbox"/> L	Inman Aligner Super Slim Bow	<input type="checkbox"/> U	<input type="checkbox"/> L	ClearSmile Aligner	<input type="checkbox"/> U	<input type="checkbox"/> L	Refiners
<input type="checkbox"/> U	<input type="checkbox"/> L	Inman Aligner Standard	<input type="checkbox"/> U	<input type="checkbox"/> L	ClearSmile Brace	<input type="checkbox"/> U	<input type="checkbox"/> L	Essix Retainer
<input type="checkbox"/> U	<input type="checkbox"/> L	ClearSmile Aligner Light	<input type="checkbox"/> U	<input type="checkbox"/> L	ClearSmile Brace Clarity Advanced	<input type="checkbox"/> U	<input type="checkbox"/> L	Bonded Retainer with Jig
<input type="checkbox"/> U	<input type="checkbox"/> L		<input type="checkbox"/> U	<input type="checkbox"/> L	ClearSmile Discreet Brace	<input type="checkbox"/> U	<input type="checkbox"/> L	Bleaching Trays

Notes

Please use this space for appliance descriptions and sundry item orders