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INVISALIGN PRESCRIPTION & DIAGNOSIS FORM

Account number

Dentist

Invoice Name

Date

Address

.....

Phone

Email

Patient Name

Patient D.O.B.

ADDITIONAL INSTRUCTIONS

1. TREATED ARCHES

- Upper Only
- Lower Only
- Both

2. Do not move these teeth:

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

	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L
	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	

3. Do not place attachments on these teeth:

(Note: crowns, labial or buccal restorations)

	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L
	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	

4. MIDLINE CHANGE : recommended limit <2mm

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

5. SPACING RESOLUTION

- UPPER Close all space Leave space/s
- LOWER Close all space Leave space/s

CROWDING RESOLUTION

- UPPER**
- Procline Primarily As needed None
 - Expand Primarily As needed None
 - IPR: Primarily As needed None
- LOWER**
- Procline Primarily As needed None
 - Expand Primarily As needed None
 - IPR: Primarily As needed None

6. ARE YOU AIMING TO IMPROVE TOOTH COLOUR AND MORPHOLOGY BY:

- Bleaching
- Direct Composite Veneers
- Porcelain Veneers

CASE CHECK LIST

- OPG
- LATERAL CEPH
- 8 CLINICAL IMAGES
- BITE REGISTRATION
- UPPER PVS IMPRESSION
- LOWER PVS IMPRESSION

PLEASE SEND ALL OF THE ABOVE WITH LAB SHEET

OFFICE USE ONLY: