Postal Address:
1270 Whakatau St Rotorua, New Zealand
Phone: 07-346-0516 • **Fax:** 07-346-1145
www.scdlab.com

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)

R	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	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)

R	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	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

OFFICE USE ONLY: