

SEND IMAGES via MvSCD



# ADDITIONAL ALIGNERS

(EXPRESS, LITE, MODERATE & COMPREHENSIVE)

	Dentist	Invoice Name	
	Invoice Address	Suburb Postcode	
	Tel	Email	
Account Number	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	

## **INSTRUCTIONS**

- 1. Hold patient at current/best-fitting aligner.
- 2. Prior to taking new impression, remove existing attachments and buttons as new/ different attachments and buttons may be required.
- 3. Please provide a set of 8 new clinical photos, PVS impressions of both arches and bite registration.

#### **1. REASON FOR SUBMISSION**

- O Teeth are not tracking
- O Treatment plan change
- O Patient has new restoration or dental work
- O Patient was not compliant
- Needs finishing improvements
- Other (please specify)\_

#### 2. WHAT ALIGNER IS PATIENT CURRENTLY WEARING?

- O Upper aligner number:
- O Lower aligner number:

#### **3. ARCH TO TREAT**

🔘 Both O Upper O Lower

## 4. ARE YOU SENDING NEW IMPRESSION/SCAN?

(If requesting treatment on both arches, it is recommended that impressions/scan are

sent for both arches) Upper arch 🛛 Yes 🔾 No

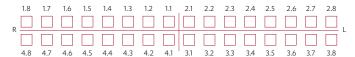
Lower arch O Yes ○ No

## 5. HOW WOULD YOU LIKE YOUR TREATMENT PLAN SET UP?

- O Same final tooth position as the original ClinCheck® treatment plan
- O Finishing for the current tooth position
- Other (Specify in Treatment Instructions)

#### 6. TOOTH MOVEMENT RESTRICTIONS

- (EX. BRIDGES, ANKYLOSED TEETH, IMPLANTS, ETC.)
- None (move all teeth)
- These specific teeth should not be moved



Doctor is solely responsible for the completion and interpretation of radiographs and other diagnostic records.

#### 7. ATTACHMENTS (TO SPECIFY ATTACHMENTS, SEE CLINICAL PREFERENCES)

O Place attachments as needed (to specify attachment defaults for certain

movements, see Clinical Preferences)

O Do not place attachments on these teeth

1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8
R															
	4.7														

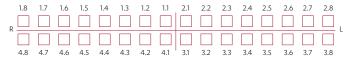
Please contact SCD Invisalign Department for the latest fee charges on 02 8062 9810 or email: invisalign@scdlab.com

## 8. IPR

O Perform IPR as needed

O not perform any IPR

O not perform IPR on these specific contacts



## 9. PRECISION CUTS

- O None
- O Same placements as previous treatment plan
- O Place Precision Cuts as per my Clinical Preferences
- O Place Precision Cuts as specified in Precision Cuts Interface

## **10. RESIDUAL SPACES**

None

O Close the following residual spaces (also, specify the amount of residual space present)

## TREATMENT INSTRUCTIONS

Upper arch

Lower arch

## CASE CHECK LIST

- O Upper intra oral scan
- Lower intra oral scan
- Lower PVS Impression Intra Oral Clinical Photos

#### **COMPATIBLE SCANNER BRANDS**

Compatible brands excepted with Invisalign

- iTero
- 3M True Definition
- O Dentsply Sirona CEREC Omnicam O 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.

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O Upper PVS Impression