

Date: _____ Job No: _____

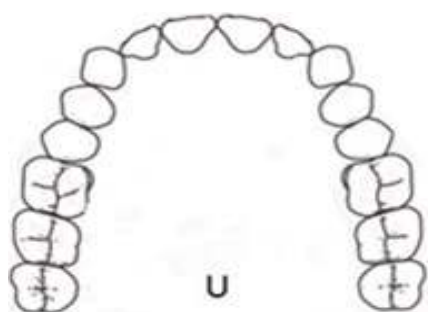
Clinician: _____ Patient's Name: _____

E-Mail: _____

Tel: _____

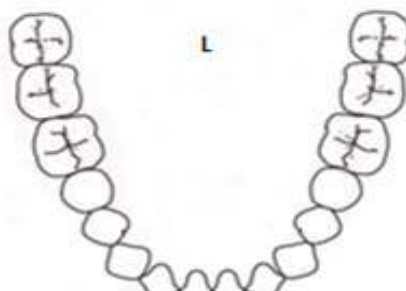
Date Required: _____ Time: _____ (Min of 2 weeks)

Please mark teeth with arrows in the direction of movement required ↑ ↓ ⇐ ⇒



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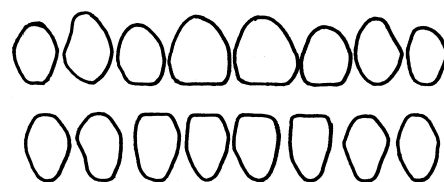
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Intrude/ Extrude/ Upright



U L CASE ASSESSMENT

- ☐ Price Estimate
@ R 350.00
- ☐ Inman Aligners Archwise Setup
@ R1 550.00
- ☐ Clear Aligner Archwise Report
@ R 1 550.00
- ☐ Phone Call

U L EXPANSION

- ☐ Full Arch
- ☐ Fan Screw
- ☐ ALF Appliance

U L CLEAR ALIGNERS

- ☐ Clear Aligner (CA)
- ☐ CA following Inman
- ☐ 10 working days
- ☐ 8 Working Days (+50%)

U L RETAINERS

- ☐ Clear retainer
- ☐ Fixed bonded retainer

U L INMAN ALIGNERS

- ☐ Standard
- ☐ Superslim
- ☐ Occlusal Coverage
- ☐ Expansion Screw
- ☐ Fan Screw
- ☐ 10 Working Days
- ☐ 8 Working Days (+50%)

U L OTHER

- ☐ Basic plaster model
- ☐ Bleaching Trays
- ☐ Special Trays

Questionnaire				Instructions:
Please Complete	Yes	No	Please Indicate were applicable	
Emailed photos?				
Any Crowns present?				
Any Bridges present?				
Any implants present?				
Require full anterior orthodontics?				
Require compromise orthodontics?				
Is it pre-op for Veneers?				
Is it pre-op for Crowns?				
Are extraction's an option?				
IPR permitted?				
Correct midline?				
Composite restorations an option?				
Leave any spaces?				
Any landmark teeth?				
Is opening of the bite an option?				
Improve posterior crossbite (4-4 only)?				
Case loaded on IAS forum?				

PLEASE NOTE: BY COMPLETING THIS LAB FORM THE ABOVE NAMED CLINICIAN IS AGREEING TO OUR TERMS AND CONDITIONS