

LAB USE ONLY

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Registered with the UK Competent Authority CA016429



YELLOW - RETAIN BY CLINICIAN

WHITE & PINK - SEND WITH IMPRESSIONS

PINK - TO BE RETURNED WITH WORK

PRESCRIBING CLINICIAN

PRACTICE NAME

Address:

 Tel:
 Email:

Custom-made aligners for the exclusive use of:

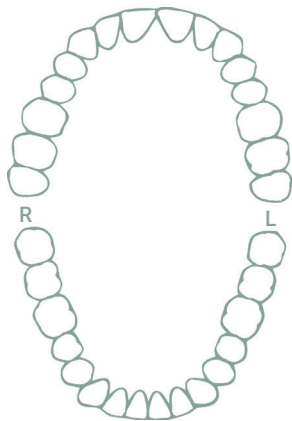
Patient Name/Ref:

ENCLOSURES:

Silicone Impressions: Upper Lower **Models:** Upper Lower
Bite Registration: **X-Rays:** **Photos:**

If x-rays are provided, please include any relevant information on your findings.

Please use this area to make specific notes, such as IPR preferences, space distribution or restorations.



NEW CASE

Scan & Plan

On receipt of impressions, the case will be pre-assessed for suitability. If Smilelign is suitable, your treatment plan will be sent electronically within 10 working days.

Pre-Aligners

Pre-aligners will be provided within the same 10-day time frame.

Active Aligners

Once you, and your patient, are satisfied with the treatment plan and the fit of the pre-aligners, please contact us to authorise manufacture of the active aligners. We advise that you allow 10 working days for delivery.

CASE SPECIFICS:

	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>	
Overjet	Maintain <input type="checkbox"/>	Improve <input type="checkbox"/>	No preference <input type="checkbox"/>
Overbite	Maintain <input type="checkbox"/>	Improve <input type="checkbox"/>	No preference <input type="checkbox"/>
Posterior Crossbites	Maintain <input type="checkbox"/>	Improve <input type="checkbox"/>	No preference <input type="checkbox"/>

Smile Aesthetic: Technicians can either align the gingival margins or incisal edges, please indicate your preference:

Gingival Incisal

Crowding: Technicians can resolve spacing by expanding, proclining & IPR, please indicate your preference:

Expanding Proclining Interproximal Reduction (IPR)

Diastema: If all spacing cannot be closed, please leave spaces:

Distal to 2s Distal to 3s Equally around 2s

ONGOING - IN NEED OF REFINEMENT

Upper Lower

Please provide additional information below.

END OF TREATMENT RETENTION - Please complete at end of treatment.

Bonded & Essix	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Bonded only	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Essix only	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Bonded & DURATAIN	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
DURATAIN only	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>
Other - please specify below.	Upper <input type="checkbox"/>	Lower <input type="checkbox"/>

FURTHER INSTRUCTIONS Please provide an outline of treatment objectives, including any plans for post-treatment cosmetic adjustment:

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CLINICIAN SIGNATURE: **DATE:**

YOUR ATTENTION IS DRAWN TO THE FOLLOWING STATEMENT: This is a custom-made medical device that has been wholly manufactured within the EU and satisfies the design characteristics and properties specified by the prescriber for the above named patient. This medical device is intended for exclusive use by this patient and conforms to the relevant general safety and performance requirements specified in Annex I of the Medical Devices Regulations 2017/745.

Storing, handling and instructions of use: The appliance is supplied in a non-sterile condition. It is recommended that before use this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids, alkalines or bleaches that could cause physical or chemical damage. The device should not be subjected to extremes of temperatures when stored. Where applicable, instructions on how to clean this device may be obtained from the prescriber. This prescription has been placed under S4S and Smilelign T&C of supply and it is assumed that you obtained patient consent for the treatment.