



CASE REFERENCE NUMBER:.....

ACCOUNT NUMBER:.....

Dr.....

Address:.....

.....

.....

Tel:..... Fax:.....

NHS Contact Details (If Applicable).....

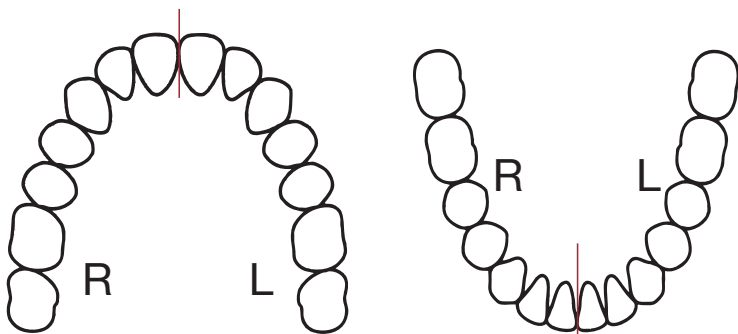
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Patient's Name:.....

Date Shipped to Studio 8:.....

Please draw the appliance below:



Additional Information:.....

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Impressions have been disinfected.

I declare that the information on this form is correct to my knowledge.

Signed:.....

Date:.....

CASE CHECK LIST

- UPPER IMPRESSION
- LOWER IMPRESSION
- OR**
- DIGITAL MODEL SUBMITTED ONLINE

PLEASE TICK ALL REQUIRED

- PALATAL DISTALISER
 - UNI-LATERAL
 - BI-LATERAL
- PALATAL MESIALISER
 - UNI-LATERAL
 - BI-LATERAL
- PALATAL TPA

The appliances above include Molar Bands.
(Tick as applicable below)

- Pre-sized molar bands are included with Impression / model
- Please provide molar bands sized by Studio 8
- STENT
 - BUCCAL
 - MID-PALATE
 - PALATAL ALVEOLAR

Please tick if you require the following Mini Implants:

- DB10-0009 1.5D, 6L, Standard Head Qty:___
- DB10-0010 1.5D, 9L, Standard Head Qty:___
- DB10-0012 1.5D, 9L, Standard Head Qty:___
- DB10-0015 2.0D, 6L, Standard Head Qty:___
- DB10-0016 2.0D, 9L, Standard Head Qty:___
- DB10-0018 1.5D, 9L, Round Head* Qty:___
- DB10-0019 2.0D, 6L, Round Head* Qty:___

*Please note that products are in beta testing phase.

Communication will be via email, please confirm email address:

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Fit / Appointment date:.....