


Studio 8

DB Orthodontics, 6 Ryefield Way, Silsden, West Yorkshire, BD20 0EF

E: studio8@dbortho.com T: 01535 656999

CASE REFERENCE NUMBER:

ACCOUNT NUMBER:

Dr.

Address:

.....

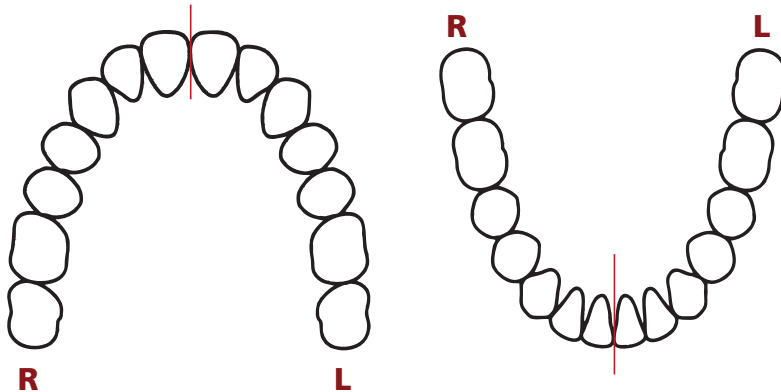
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Tel: Fax:

Patient's Name:

Date Shipped to Studio 8:

Please Indicate any extractions (X) and Crowns/Bridge work (C) on the chart below.



Additional Information:

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Communication will be via email, please confirm email address:

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Fit / Appointment date:

CASE CHECK LIST

 BITE REGISTRATION

 UPPER IMPRESSION

 LOWER IMPRESSION
OR

 INTRA ORAL SCAN SUBMITTED ONLINE

ORTHODONTIC APPLIANCES

 AUTOGRAPH ALIGNER SERVICE U L

 MAINTAIN BONDED RETAINER U L

 THERMOFORMED RETAINER U L

 DIGITAL ORTHOGNATHIC WAFER

 TRANSPALATAL ARCH

 QUADHELIX
RAPID MAXILLARY EXPANDER:

 STANDARD

 STANDARD WITH LEAF EXPANDER

 TAD BASED RME

 Please tick if you would like a 3D Printed appliance

TOOTH WHITENING

 BLEACHING TRAY U L

 AUTOGRAPH WHITENING BUNDLE 10% 16%

Upper and lower bleaching trays with 4 syringes of whitening gel

SNORING & SLEEP APNOEA

 MSI - Please provide protrusive bite measurement

TAD APPLIANCE

PLEASE SEE SEPERATE INFINITAS FORM

STUDY MODELS

 PLASTER MODELS - ORTHO-TRIMMED U L

 3D PRINTED MODELS - HORSESHOE U L

 3D PRINTED MODELS - FULL ARCH U L
 Impressions have been disinfected. I declare that the information on this form is correct to my knowledge.

Signed:

Date:

 Promoting British
Dental Technology