

L A B

Dentist	Text	Patient	T
Practice	Text	Fit Date	
Address		DOB	
		Email	

secret_{plus}

ALIAS / IN OVATION L / STb

UPPER LOWER

Inc. Edges / Ging Margins

Custom Archwires

12NiTi - 14NiTi - 16NiTi - 18NiTi
 16TMA - 175x175TMA
 16x22NiTi - 16x22ss

simply_{plus}

CERAMIC

UPPER LOWER

Inc. Edges / Ging Margins

Extra Archwires

18ss - 16x22NiTi - 16x22ss
 18x25Niti - 18x25ss

Alternative Brackets

METAL / DAMON Q / DAMON CLEAR

Post Fixed Appliance Positioners

Max 2	UPPER	LOWER
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identiline plus aligners

UPPER	LOWER
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Retainers

Fixed	UPPER	LOWER
Removable	UPPER	LOWER

Treatment Objectives

Treatment Plan

LAB USE ONLY	Encs	L																		
	Scans	U	L																	
	Sil Imps	U	L																	
	Models	U	L																	
	√ X ?																			
	Bite Reg OPG																			
	Models																			
	SR																			
	CR																			
	Phone																			
	Email																			
	Scan																			
	Set Up																			
	Brackets																			
	Jigs																			
	Pressure Form																			
	Ancillories																			
	FI																			

BOX
INV

This is a custom made dental appliance that has been manufactured to satisfy the attributes. Characteristics, properties and features specified by the prescriber for the above named patient. This appliance is intended for the exclusive use by this patient and conforms to the relevant essential requirements specified in Annex 1 of the Medical Device Directive.