PRESCRIPTION FORM

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Registered with the UK Competent Authority CA011044

YELLOW - RETAIN BY CLINICIAN WHITE & PINK - SEND WITH IMPRESSIONS PINK - TO BE RETURNED WITH WORK

PRESCRIBING CLINICIAN

Address: .....

Tel: .....

Email: .....

Custom-made aligners for the exclusive use of:

PT Name: .....

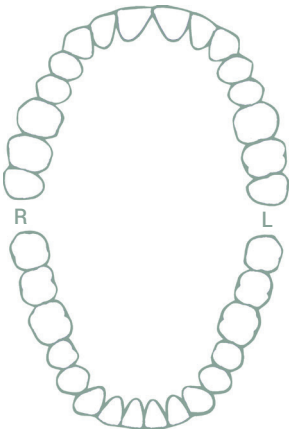
ENCLOSURES

Silicone Impressions: Upper ☐ Lower ☐ **Models**: Upper ☐ Lower ☐

Bite Registration ☐ **X-Rays** ☐ **Photos** ☐

LAB USE ONLY		
Lab Reference:		
Sign/Date:		

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 ☐	Lower ☐	
Overjet	Maintain ☐	Improve ☐	No preference ☐
Overbite	Maintain ☐	Improve ☐	No preference ☐
Posterior Crossbites	Maintain ☐	Improve ☐	No preference ☐

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

Bonded & Essix retainer	Upper ☐	Lower ☐
Bonded only	Upper ☐	Lower ☐
Essix only	Upper ☐	Lower ☐
Other - please specify below.	Upper ☐	Lower ☐

FURTHER INSTRUCTIONS Please provide an outline of treatment objectives:

.....

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.