

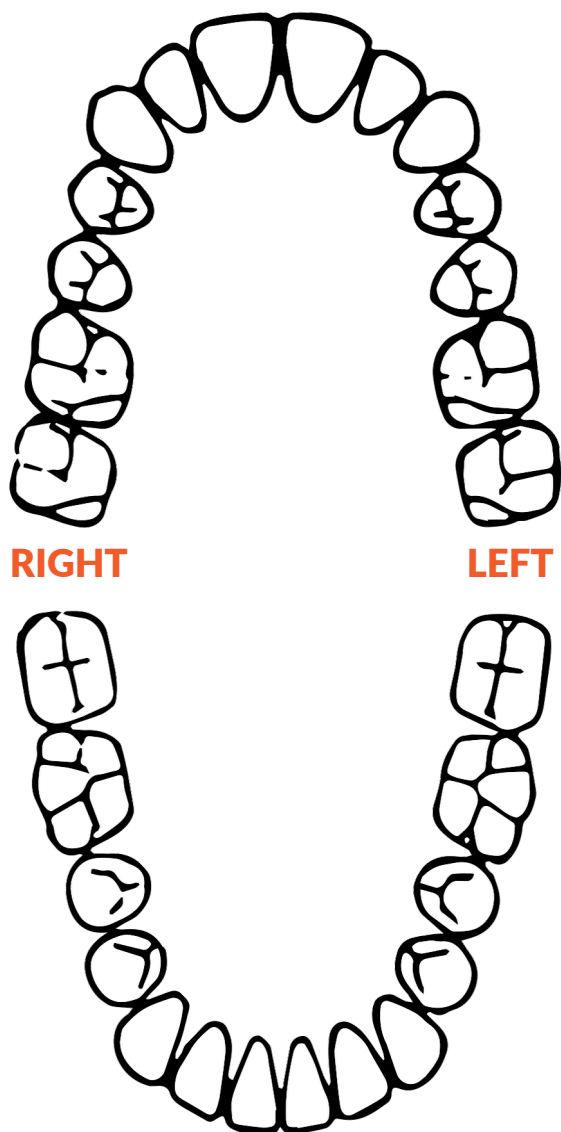


CORNERSTONE

ORTHODONTIC LABORATORY INC

104 - 7084 VEDDER RD., CHILLIWACK, BC, V2R 1E3 (604)846.0650

ALIGNERS/3D SCANNING/PRINTING



DATE: _____

PATIENT: _____

AGE: _____

RETURN DATE: _____

DOCTOR: _____

ADDRESS: _____

PHONE: _____

ALIGNERS:

- ☐ UPPER ☐ LOWER
- ☐ NEW DIGITAL SETUP
- ☐ REFINEMENTS
- ☐ PRINT/FABRICATE # _____
- ☐ DOCTOR TO SET CASE

3D PRINTING:

- ☐ DIGITAL MODEL, ARCH ONLY
- ☐ DIGITAL MODEL, FULL PALATE
- ☐ DIGITAL MODEL, STUDY MODELS

IS THE DOCTOR WILLING TO...

- Widen teeth if necessary? ☐ Y ☐ N
- Perform Incisal Manicure? ☐ Y ☐ N
- Perform Interproximal Reduction? ☐ Y ☐ N
- What is your maximum treatment time? _____

SPECIAL INSTRUCTIONS:

