

3Dalign



3Dalign
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Dentist's Name:

Dentist's Email:

Surgery Address:

This is a custom made dental appliance for the exclusive use of:

Patient's Name:

Age: Gender:

Disinfected: Yes / No

Please allow ten working days Signed:

3Dretain *Details below*

3Dalign *Details below*

Lab Use No

Enclosures

Inspection/QC Signed Date

Model

Design

Complete

Total cost of appliance(s) £

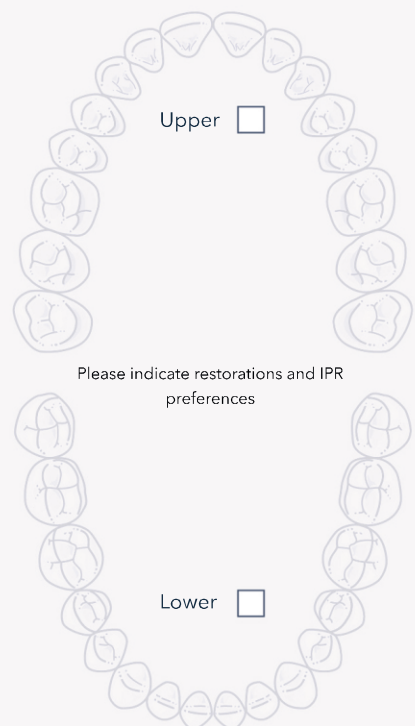
IPR	#Aligners	Stages
<input type="text"/>	<input type="text"/>	Plan Sent
<input type="text"/>	<input type="text"/>	Stage 1
<input type="text"/>	<input type="text"/>	Stage 2 - 5
<input type="text"/>	<input type="text"/>	Stage 6 - 10
<input type="text"/>	<input type="text"/>	Stage 11 - 15
<input type="text"/>	<input type="text"/>	Stage 16 - 20
<input type="text"/>	<input type="text"/>	Stage 21 - 25
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Preferences

	Overjet	
Maintain <input type="checkbox"/>	Improve <input type="checkbox"/>	N/A <input type="checkbox"/>

	Overbite	
Maintain <input type="checkbox"/>	Improve <input type="checkbox"/>	N/A <input type="checkbox"/>

	Crossbite	
Maintain <input type="checkbox"/>	Improve <input type="checkbox"/>	N/A <input type="checkbox"/>



YOUR ATTENTION IS DRAWN TO THE FOLLOWING
 This is a custom made dental appliance that has been manufactured to satisfy the attributes, characteristics, property and features specified by the client for the above patient. This dental appliance is intended for the exclusive use by this patient and conforms to the relevant essential requirements in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations.

THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED STATE.
 ANY RELEVANT ESSENTIAL REQUIREMENTS NOT MET SHALL BE RECORDED OVERLEAF