

\*Please remember to send us "before" and "after" pictures

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**Order Form ClearAlignerDK**

Clinic stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Customer No: \_\_\_\_\_

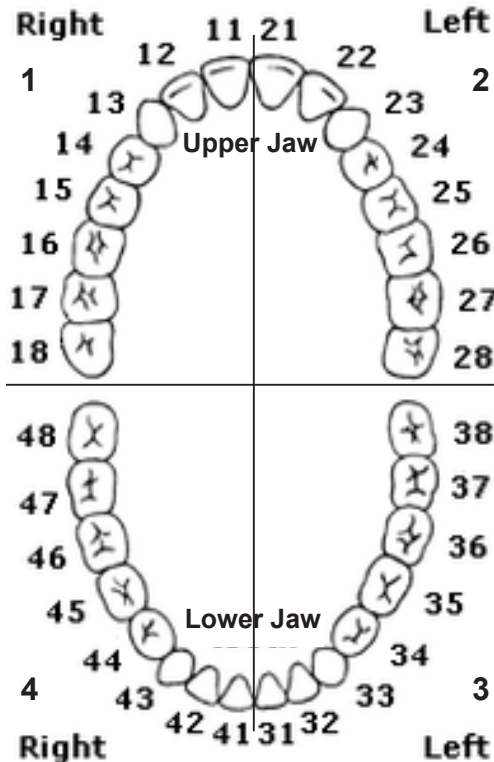
Patient's name: \_\_\_\_\_

Patient's day of birth: \_\_\_\_\_

Date required: \_\_\_\_\_

(Remark: Minimum delivery time is 4 working days in lab)

	Upper	Lower	
Setup/Analysis:	<input type="checkbox"/>	<input type="checkbox"/>	Setup types: 1)Mail <input type="checkbox"/> 2)Shipping <input type="checkbox"/>
Clear Aligner:	<input type="checkbox"/>	<input type="checkbox"/>	Wire types: 1)Standard <input type="checkbox"/> 2)Flat <input type="checkbox"/> 3)Gold <input type="checkbox"/>
Clear retainer:	<input type="checkbox"/>	<input type="checkbox"/>	Mouth guard Types: 1)Soft <input type="checkbox"/> 2)Hard <input type="checkbox"/> 3)Soft/Hard <input type="checkbox"/>
Wire retainer:	<input type="checkbox"/>	<input type="checkbox"/>	
Bleaching trays:	<input type="checkbox"/>	<input type="checkbox"/>	
Night mouth guard:	<input type="checkbox"/>	<input type="checkbox"/>	
Athletic mouth guard:	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep apnea mouth guard:	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary teeth spilt:	<input type="checkbox"/>	<input type="checkbox"/>	
X-ray / Implant spilt:	<input type="checkbox"/>	<input type="checkbox"/>	
Set of 3 strips:	<input type="checkbox"/>	<input type="checkbox"/>	



Special notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Aligner Guide:			Yellow (0,4mm)	Red (0,6mm)	Blue (0,8mm)		Yellow (0,4mm)	Red (0,6mm)	Blue (0,8mm)
CA 1. Aligner	<input type="checkbox"/>	Strip <input type="checkbox"/>	Mesial <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CA 2. Aligner	<input type="checkbox"/>	Strip <input type="checkbox"/>	Mesial <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CA 3. Aligner	<input type="checkbox"/>	Strip <input type="checkbox"/>	Mesial <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CA 4. Aligner	<input type="checkbox"/>	Strip <input type="checkbox"/>	Mesial <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CA 5. Aligner	<input type="checkbox"/>	Strip <input type="checkbox"/>	Mesial <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CA 6. Aligner	<input type="checkbox"/>	Strip <input type="checkbox"/>	Mesial <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of ClearAligner's in : UJ/ok: \_\_\_\_\_ Pcs. Reguled on: 15,14,13,12,11 + 21,22,23,24,25

LJ/uk: \_\_\_\_\_ Pcs. 45,44,43,42,41 - 31,32,33,34,35