

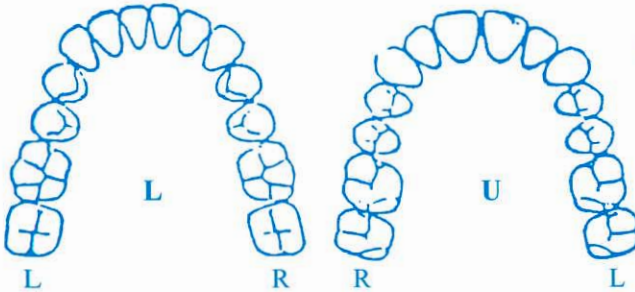


iNMAN aligner CERTIFIED LABORATORY

1st Floor, 527 Hampton Street, Hampton, Victoria, 3188
 Phone: 03 9521 0299 Fax 03 9521 9619 Toll Free: 1800 333 142
 email: inmanlab@pearlhealthcare.com.au

Date: Patient:
 Clinician: Address:
 Phone No.:
 Date Required: Clinician's Email:

Please mark teeth with arrows in the direction of movement ↑ ↓ ↶ ↷



Please mark teeth you want to move

12	11	21	22
42	41	31	32

Canines can only be moved distal

- | | | | |
|--|---|--|---|
| U L CASE ASSESSMENT
<input type="checkbox"/> Phone call
<input type="checkbox"/> Kesting setup | U L EXPANSION
<input type="checkbox"/> Full Arch
<input type="checkbox"/> Fan Screw | U L INMAN ALIGNERS
<input type="checkbox"/> Standard
<input type="checkbox"/> With Screw | U L RETAINERS
<input type="checkbox"/> Clear (Essix) retainer
<input type="checkbox"/> Acrylic retainer (Hawley)
<input type="checkbox"/> Fixed bonded retainer
<input type="checkbox"/> Easy bond retainer |
| Please note that we will use expansion screw and posterior overlays if necessary unless you instruct us otherwise. | | U L CLEAR ALIGNER
<input type="checkbox"/> | |

ESTIMATED I.P.R. Comments
 MESIAL & DISTAL OF ALL ANTERIOR TEETH
mm

U L PLASTER WORK
 Basic Model

Colour Preference please specify

Upper

Lower

Spring replacement kit