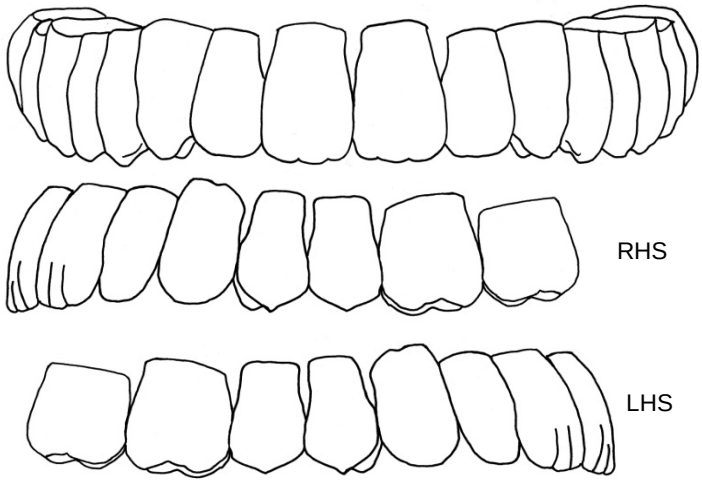
Smile Align
ACTIVE CLEAR ALIGNER

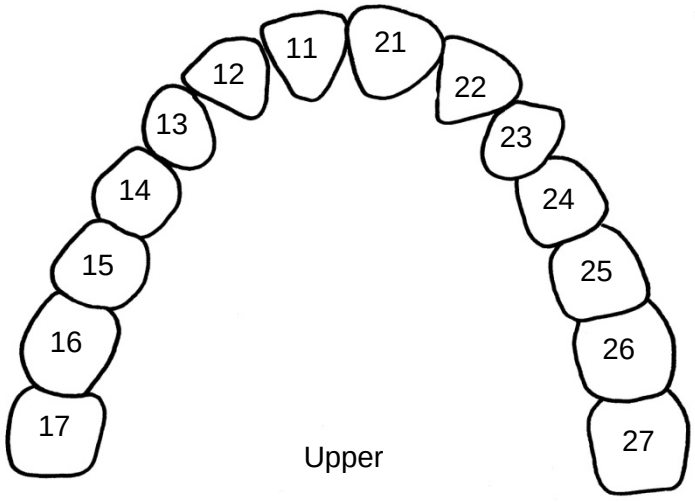
Metal Free Dental (Pty) Ltd
14 Pongola Avenue
Rand Park Ridge
Randburg
Johannesburg
Tel: 011 794 9098
Mail: mfdadmin@metalfreedental.co.za

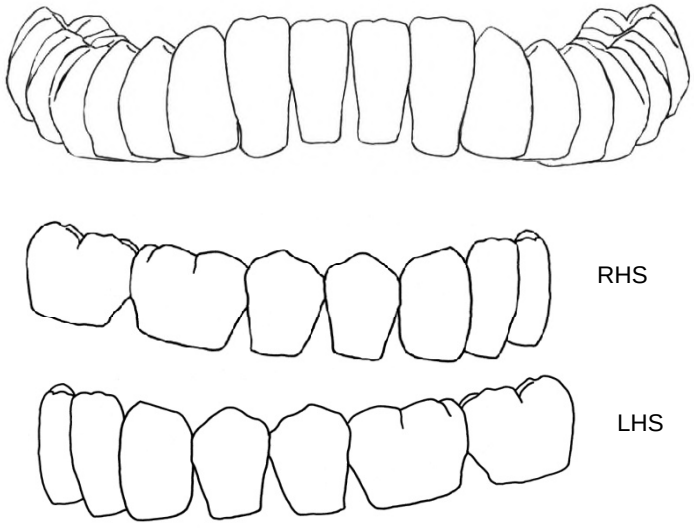
Prescription Form

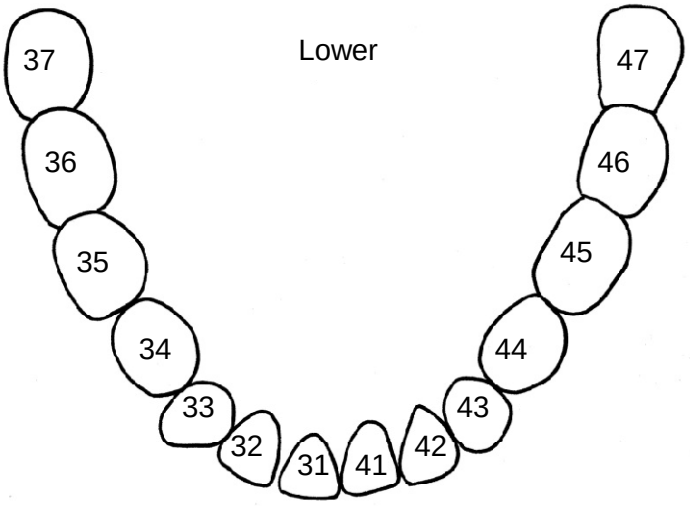
Clinic/Lab:		Technologist:				
Clinician:		Date required:				
Date sent:		Patient name:				
Contact No:		Patient Gender:	Male	Female	Age:	
Address:		City:				

Treatment Required:		Diagnosis/Recommendations:
As per digital assessment*New Case		
Additional Refinement		
Retainer		









Components which have been supplied:											
Models		Number		Impressions		Number		Scan	Stick	CD	WWW
Notes:											
The effectiveness of the Smile Aligner system is determined by the minimal number of hours that the aligners are worn.											
It is the Dentists responsibility to advise the patient of the importance of wearing their aligners for the recommended period of time.											
A new aligner set should not be given to the a patient prior to the effectiveness of the current series having been checked to the satisfaction of the clinician.											
* Our CAD software can facilitate a recommended rotational percentage/degree in the design phase. This phase will establish a minimum/maximum rotation per splint and subsequently the number of splints required. If this option is chosen the clinician must first give approval to the recommended treatment, prior to the manufacture of the splints. (The design recommendation will be forwarded to the clinician for approval prior to the commencement of manufacture.)											

Comments/Instructions:

_____ _____

Name: Clinician Name: Technologist

_____ _____

Signature: Clinician Signature: Laboratory