



PRESCRIPTION FORM

LAB USE ONLY

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Registered with the UK Competent Authority CA016429



ALL FIELDS MARKED WITH AN ASTERISK (*) ARE MANDATORY

PRESCRIBING CLINICIAN*

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PRACTICE DETAILS*

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Tel:
Email:

Custom-made aligners for the exclusive use of:

Patient Name/Ref*:

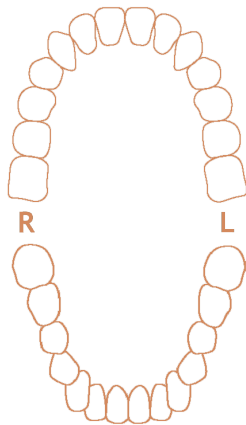
ENCLOSURES:

Silicone Impressions: Upper Lower **Models:** Upper Lower

Bite Registration: **X-Rays:** **Photos:**

If x-rays are provided, please include any relevant information on your findings.

Please use this area to make specific notes, such as IPR preferences, space distribution or restorations.



NEW TREATMENT PLAN please tick your chosen option.

Plan Only (£75)

A digital copy of your patient's treatment plan, delivered to you in 5 working days from receipt of impressions.

Plan & Pre-Aligners (£100)

Add Pre-aligners to your treatment plan - passive aligners to check fit before we produce active aligners. Arrives in 7 working days.

CASE SPECIFICS: **Upper** **Lower**

Overjet Maintain Improve No preference

Overbite Maintain Improve No preference

Posterior Crossbites Maintain Improve No preference

Smile Aesthetic: Technicians can either align the gingival margins or incisal edges, please indicate your preference:

Gingival Incisal

Crowding: Technicians can resolve spacing by expanding, proclining & IPR, please indicate your preference:

Expanding Proclining Interproximal Reduction (IPR)

Diastema: If all spacing cannot be closed, please leave spaces:

Distal to 2s Distal to 3s Equally around 2s

Treatment phasing: Our default method is to ship all active aligners to you in one package. If you would prefer to phase your treatment, please tick here.

END OF TREATMENT

Retention and whitening are now included for free as part of your Smilelign package. To order, please complete the voucher enclosed in your patient's case and return to us. **Can't find your voucher?** email admin@smilelign.com.

PLEASE NOTE: Attachments on scans or impressions submitted for a retainer will not be removed unless specifically requested.

FURTHER INSTRUCTIONS Please provide an outline of treatment objectives, including any plans for post-treatment cosmetic adjustment:

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CLINICIAN SIGNATURE*: **DATE*:**

YOUR ATTENTION IS DRAWN TO THE FOLLOWING STATEMENT: This is a custom-made medical device that has been wholly manufactured within the EU and satisfies the design characteristics and properties specified by the prescriber for the above named patient. This medical device is intended for exclusive use by this patient and conforms to the relevant general safety and performance requirements specified in Annex I of the Medical Devices Regulations 2017/745.

Storing, handling and instructions of use: The appliance is supplied in a non-sterile condition. It is recommended that before use this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids, alkalines or bleaches that could cause physical or chemical damage. The device should not be subjected to extremes of temperatures when stored. Where applicable, instructions on how to clean this device may be obtained from the prescriber. This prescription has been placed under S4S and Smilelign T&C of supply and it is assumed that you obtained patient consent for the treatment.