



Once complete, please email to [admin@smilelign.com](mailto:admin@smilelign.com)

Dentist Name:

Postcode:

Patient Name:

Case Reference Number:

This is your original case number found on your first invoice.

## 1 Retention

**DURATAIN ultra-strength retainer(s):**

Upper arch

Lower arch

**DURATAIN + Bonded retainer(s):**

Upper arch

Lower arch

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

## 2 Whitening

**Please send me:**

Ultra-seal bleaching trays

Whitening gel syringes

PLEASE NOTE: Gels supplied will be Boutique Whitening's 'Combination Kit', comprising of 16% Carbamide Peroxide (x2 syringes), 10% Carbamide Peroxide (x2 syringes).



**BOUTIQUE**  
WHITENING