

ALFODONTICS ORTHODONTIC LABORATORY

Suite 13/207 Great North RD P: 02 9712 1219
 Five Dock NSW 2046 F: 02 9712 1229
 E: info@alfodontics.com.au M: 0417 654494

www.alfodontics.com.au

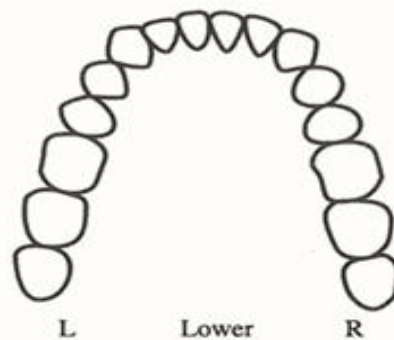
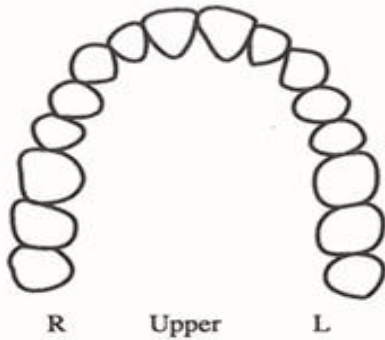
Date Sent: _____
 Dr: _____
 Surgery: _____
 Email: _____

Due Date: _____
 Address: _____
 Phone: _____
 Patients Name: _____

Quote Only:

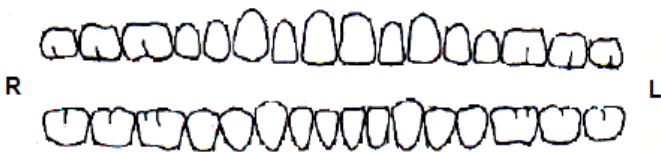
Proceed:



Clear-line Aligner Design



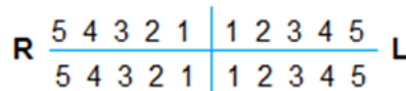
Composite Attachments

Specify below composite attachment placement:



Horizontal Placement Mark 
 Vertical Placement Mark 

Set-up Instructions



Special Instructions: _____

Doctors Signature: _____

Office Only Use:

Treatment:
 Upper: _____ Lower: _____