

Retainer request form

We recommend requesting retainers at dr.clearcorrect.com. If you do, you don't need this form.

This form is intended for use only in special situations. (For instance, if materials have been received without a retainer request).

BASIC INFORMATION

Case number _____

Doctor's name _____

Patient's name _____

How many sets of retainers would you like? _____

UPPER ARCH

Current step _____

Use

- Existing model (based on step _____)
- PVS impression
- 3M True Definition
- 3Shape model scanner
- Carestream
- iTero
- Lythos
- Motion View
- PlanScan
- CEREC
- TRIOS

LOWER ARCH

Current step _____

Use

- Existing model (based on step _____)
- PVS impression
- 3M True Definition
- 3Shape model scanner
- Carestream
- iTero
- Lythos
- Motion View
- PlanScan
- CEREC
- TRIOS

By revising this case, you agree to ClearCorrect's current pricing, terms, and conditions.

Doctor's signature _____ Date _____