

Case revision form

We recommend requesting revisions 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 revision request).

BASIC INFORMATION

Case number _____

Doctor's name _____

Patient's name _____

UPPER ARCH

Current step _____

Use

- Existing model
- PVS impression
- 3M True Definition
- 3Shape model scanner
- Carestream
- iTero
- Lythos
- Motion View
- PlanScan
- CEREC
- TRIOS

LOWER ARCH

Current step _____

Use

- Existing model
- PVS impression
- 3M True Definition
- 3Shape model scanner
- Carestream
- iTero
- Lythos
- Motion View
- PlanScan
- CEREC
- TRIOS

INSTRUCTIONS

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

Doctor's signature _____

Date _____