



# PRESCRIPTION FORM - TREATMENT PLAN

*This prescription can be completed online, saved and sent by e-mail.*

DOCTOR:

CLINIC NAME:

PATIENT:

AGE: M/F:

PREVIOUS  
ORTHODONTIC  
TREATMENT:

YES ☐

NO ☐

① Please fill in the above field only when you send the first case or when you change details.

ADDRESS:

CITY:

COUNTRY:

POST CODE:

E-MAIL:

PHONE:

MB:

PLEASE COMPLETE THE FORM WITH TREATMENT GOALS/OBJECTIVES

## MATERIAL SENT

IMPRESSION

UPPER ☐

LOWER ☐

DISINFECTED ☐

BITE REGISTRATION ☐

MODEL

UPPER ☐

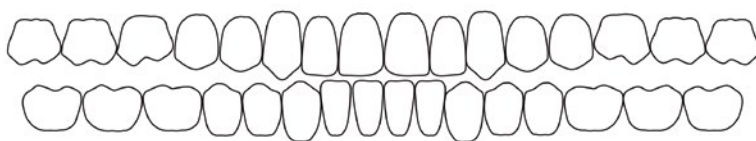
LOWER ☐

X-RAY ☐

ORAL SCAN ☐

TEETH CHART - DO NOT MOVE (H), IMPLANT (I), TOOTH TO BE EXTRACTED (X)

GENERAL INFORMATION:



TREATMENT:

UPPER ☐

LOWER ☐

OVERBITE

DO NOT CORRECT ☐

CORRECT ☐

OVERJET

DO NOT CORRECT ☐

CORRECT WITH IPR ☐

## CROWDING CASES:

UPPER

LOWER

GENERAL INFORMATION:

EXPANSION

YES ☐

NO ☐

YES ☐

NO ☐

IPR

YES ☐

NO ☐

YES ☐

NO ☐

PROCLINE (Tip)

YES ☐

NO ☐

YES ☐

NO ☐

## DIASTEMA CASES

UPPER

CLOSE ALL SPACE ☐

LEAVE SPACE ☐

Indicate in mm.:

LOWER

CLOSE ALL SPACE ☐

LEAVE SPACE ☐

Indicate in mm.:

## CORRECT MIDLINE

UPPER

MOVE LEFT ☐

MOVE RIGHT ☐

DO NOT MOVE ☐

LOWER

MOVE LEFT ☐

MOVE RIGHT ☐

DO NOT MOVE ☐

## 3D VIEW PROGRAM

NUVOLA VIEW 3D ☐

**1\* Ukaliners 100 (will only be charged if the case is declined). Treatment plan (diagnostic) from our Orthodontic Clinician £100.**

By entering your name/surname in the box below you are agreeing to the Term and Condition of Geo Orthodontic laboratory.

NAME

SURNAME

DOCTOR SIGNATURE

DATE

SENT

This form is a prescription for the construction of medical devices as directed by the signatory clinician who has sole responsibility for the accuracy of the diagnosis and the prescription. The prescription forms a binding contract for medical devices between the signatory clinician and G.E.O Centre (Ministry of Health approval number: ITCA01033975). The 3D filming required is only a virtual simulation of orthodontic treatment.