

Invisalign Rx Form

Patient information:

First Name*

Megan

Appointment Date*

06-14-2025

Last Name*

Smith

Appointment Type*

STInv

Case Review Details

Type

-

Wear Schedule

-

IPR @ Aligner

-

Pontic

-

Left Elastic

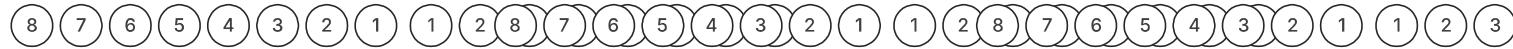
-

Right Elastic

-

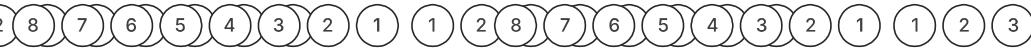
Non Enamel

Upper Right / Upper Left



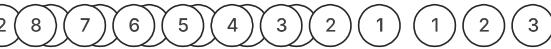
Lingual

Upper Right / Upper Left



Buttons

Upper Right / Upper Left



Aligner Modifications

-

Hold @

-

Additional Notes

-

In Office Appt

-

Appointment changed

-

Virtual Check @

-

Scan @

-

Next Scan

-