

Invisalign Rx Form

Patient information:

First Name*
Megan

Last Name*
Smith

Appointment Date*
06-14-2025

Appointment Type*
STInv

Case Review Details

Type
-

Wear Schedule
-

IPR @ Aligner
-

Pontic
-

Left Elastic
-

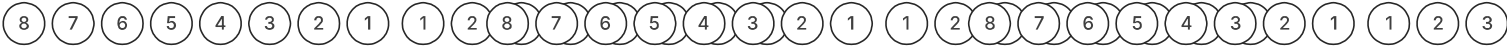
Right Elastic
-

Non Enamel

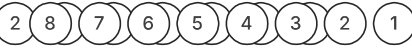
Lingual

Buttons

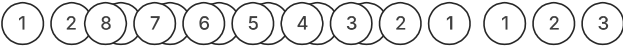
Upper Right / Upper Left



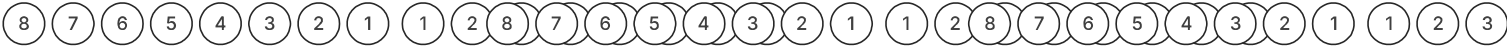
Upper Right / Upper Left



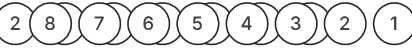
Upper Right / Upper Left



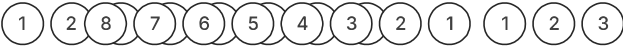
Bottom Right / Bottom Left



Bottom Right / Bottom Left



Bottom Right / Bottom Left



Aligner Modifications
-

Hold @
-

Additional Notes
-

In Office Appt
-

Appointment changed
-

Virtual Check @
-

Scan @
-

Next Scan
-