

Case Submission Form

Please note: Kindly fill the form in capital letters to avoid any discrepancy

Patient Name:

Date:

Doctor Name:

Purpose: ☐ New Case ☐ Old Case (Refinement/Rebooting)

Clinic Name:

City:

Chief Complaint (Kindly tick relevant points)

☐ Proclination ☐ Crowding ☐ Spacing ☐ Deep Bite ☐ Open Bite ☐ Cross Bite
☐ Others (Please Specify)

Case Category Selected (please specify expected delivery date for expedite category):

☐ Ultra ☐ Non Complex ☐ Complex ☐ Expedite (Charges will apply)

Case Type: 1- Single Arch (☐ Upper ☐ Lower) 2- Both Arches

Extractions planned (if any):

Nature of Patient: ☐ Local ☐ Travelling

How often will the patient be available for follow-up? Every ☐ 3mos ☐ 6 mos ☐ 12 mos

Inter Proximal Reduction

☐ As Required (to be planned by production)
☐ Any Preference (please specify)

Presence of any Prosthesis (esp. implants & Full Ceramic Crowns):

Composite Attachments:

☐ As Required (to be planned by production)
☐ Any Preference (Please Specify)

Is delivery address of aligners same as pickup address?

☐ Yes

☐ No. If No, kindly mention the complete delivery address with pin code & mobile number. Please note, any changes in delivery address later might be difficult to implement. WE DO NOT PROVIDE INTERNATIONAL SHIPMENTS. Any case to be shipped outside India will solely be the responsibility of the doctor/patient. Overnight shipments will be charged additionally.

Our Shipping Address is as below (Do not ship parcels to any other address):

Orthodontic Solutions

D-166/34, Lower Ground Floor,

Sector 50, NOIDA 201307

Ph.: 87440 13 222 & 0120 4139905, 4164447

