

Case revision form

Case #: _____ Date: _____

Use this form to request changes to a treatment plan or to request additional aligners once treatment is complete.

Allow 10-15 business days for processing, plus shipping time. If a revision extends the total number of phases in a case beyond the standard allotment, you may be charged for a case upgrade or extension. (Full cases include up to 8 phases. Limited cases include up to 3 phases.)

Please print this form and submit it along with new **upper and lower impressions** and **bite registration**.

Remove engagers prior to taking new impressions.

1. DOCTOR INFORMATION
Doctor's name: _____
Phone #: _____ Email: _____
Ship to address: _____
City: _____ State: _____ Zip: _____
2. PATIENT INFORMATION
Patient's name: _____
3. CURRENT CASE INFORMATION
Case type: <input type="radio"/> Full <input type="radio"/> Limited
Arches under treatment: <input type="radio"/> Both <input type="radio"/> Upper only <input type="radio"/> Lower only
Patient is wearing: <input type="checkbox"/> Upper step # ____ <input type="checkbox"/> Lower step # ____
4. OBJECTIVE
Reason for submission:
5. INSTRUCTIONS
<input type="radio"/> Use prior treatment plan and case submission form <input type="radio"/> Use new case submission form (please provide new case submission form as needed)
Additional instructions:
6. ITEMS INCLUDED WITH SUBMISSION
<input type="checkbox"/> New upper impression
<input type="checkbox"/> New lower impression
<input type="checkbox"/> New bite record
<input type="checkbox"/> New case submission form
<input type="checkbox"/> Photos <input type="checkbox"/> Photos emailed separately
<input type="checkbox"/> X-rays <input type="checkbox"/> X-rays emailed separately
<input type="checkbox"/> Other _____

By submitting this case revision form to ClearCorrect, Inc. and accepting delivery of products from ClearCorrect, Inc., I agree to be bound by and accept the terms and conditions set forth in this agreement.

Doctor Signature: _____ Date: _____