

Invoice No.

Patient Name

Practice Address

Site No.

Return Date

GDC No.

Dentist Name

Telephone

Email

**Q-FIXED**
 **UPPER**     **LOWER**

- 3M Ceramic Brackets
- Indirect Bonding Trays
- 3 x Wires
- Optragate
- 3M Self Etching Primer
- 3M Transbond
- Removable Retainer
- Fixed Retainer
- Whitening Tray

For Tier 2 wires and all other products go to the QST Shop  
[www.quickstraightteeth.net](http://www.quickstraightteeth.net)

**ONLY USE THIS SECTION FOR ONGOING CASES**

- Bonded Retainer
- Removable Retainer
- Whitening Tray

**Q-SMILE CLEAR ALIGNERS**
 **REQUEST DIGIPLAN**
 **UPPER**     **LOWER**

No. of aligners and price will be sent via email (email address MUST be completed).

Digital treatment plan sent for your approval via email.

Attachment stent and first aligner sent with Scan Box.

Remaining aligners sent if first aligner verified via Dental Monitoring.

Retention products are not included in aligner prices.

If you do **NOT** wish to use Dental Monitoring and Scan Box, please tick below:

- Proceed **WITHOUT** Dental Monitoring/Scan Box.  
 I understand that this will limit the scope of support the laboratory or forum can offer for this case.

**ADDITIONAL CHARGEABLE ITEMS**

	<b>UPPER</b>	<b>LOWER</b>
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- |                       |                          |                          |
|-----------------------|--------------------------|--------------------------|
| Fixed Retainer        | <input type="checkbox"/> | <input type="checkbox"/> |
| Removable Retainer    | <input type="checkbox"/> | <input type="checkbox"/> |
| Whitening Tray        | <input type="checkbox"/> | <input type="checkbox"/> |
| Detailing Aligner     | <input type="checkbox"/> | <input type="checkbox"/> |
| Digital Study Models  | <input type="checkbox"/> | <input type="checkbox"/> |
| iQ Digital Prediction | <input type="checkbox"/> | <input type="checkbox"/> |

**SPECIAL INSTRUCTIONS**

By placing this order, I confirm that I have read and agree with QST's terms and conditions which are set out in full on the QST website and which may only be changed with express agreement in writing by both parties.

**Clinician's Signature**
**Initial Contract**
**LAB USE ONLY**
**Price**
**Final Contract**
**OFFICE USE ONLY**

Date .....

Date .....

Signed .....

Signed .....

**Disinfected by:**

 Client  Lab 

P,L Sign

P,R Sign

F Sign