



Zan Orthodontic Lab

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DATE:

DOCTOR:

PRACTICE:

ADDRESS:

Pt. NAME: M F

SURNAME:

OTHER INFO:

LAB REQUEST NO.

ORTHODONTICS

U L Invisible Retainer

Fixed Lingual Wire

ALIGN UP ALIGNERS

U L Estimate Only

Proceed Now

NYTE SPLINTS

U L Full Hard (3D Printed)

Hard / Soft (Thermoformed)

Full Soft (Erko 95)

MOUTHGUARDS

Junior

Standard

Pro (3 layer)

SUBMISSION METHOD

Gypsum / Impression

UPLOAD to Lab Dropbox

Practice Portal

INSTRUCTIONS

Mark any special requests on the diagram

UPPER

.....

.....

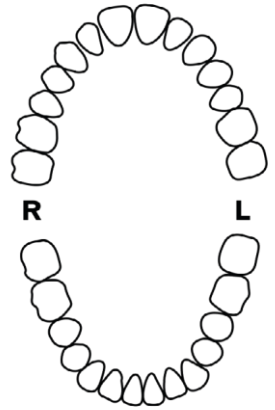
COLOUR INSERT

LOWER

.....

.....

COLOUR INSERT



Lab Fee

Total
(excl. gst)

A tax invoice and summary will be sent at conclusion of each month

Office use

Patient's next appt:

Time: