



Zan Orthodontic Lab

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DATE:

DOCTOR:

PRACTICE:

ADDRESS:

.....

Pt. NAME: M F

SURNAME:

OTHER INFO:

LAB REQUEST NO.

ORTHODONTICS

- Removable
- Fixed

CLEAR ALIGNERS

- Estimate Only
- Proceed Now

SPLINTS

- 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

Mx:

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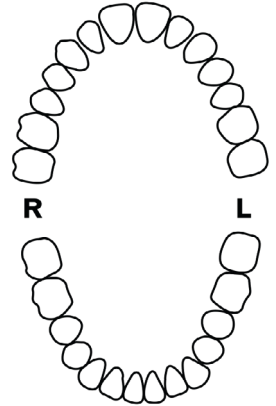
COLOUR **INSERT**

Md:

.....

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COLOUR **INSERT**



Lab Fee

Total
(excl. gst)

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

Office us

Patient's next appt: []

Time: []