

Dentist _____ Invoice Name _____
Invoice Address _____ Suburb _____ Postcode _____
Tel _____ Email _____
Account Number
Patient ID _____ Date _____
Patient ID - If patient name is listed here, please ensure you have written patient consent. Patient D.O.B _____

INSTRUCTIONS

1. Hold patient at current/best-fitting aligner.
2. Prior to taking new impression, remove existing attachments and buttons as new/different attachments and buttons may be required.
3. Please provide a set of 8 new clinical photos, PVS impressions of both arches and bite registration.

1. REASON FOR SUBMISSION

- ☐ Teeth are not tracking
☐ Treatment plan change
☐ Patient has new restoration or dental work
☐ Patient was not compliant
☐ Needs finishing improvements
☐ Other (please specify) _____

2. WHAT ALIGNER IS PATIENT CURRENTLY WEARING?

- ☐ Upper aligner number: _____
☐ Lower aligner number: _____

3. ARCH TO TREAT

- ☐ Both ☐ Upper ☐ Lower

4. ARE YOU SENDING NEW IMPRESSION/SCAN?

(If requesting treatment on both arches, it is recommended that impressions/scan are sent for both arches)

- Upper arch ☐ Yes ☐ No
Lower arch ☐ Yes ☐ No

5. HOW WOULD YOU LIKE YOUR TREATMENT PLAN SET UP?

- ☐ Same final tooth position as the original ClinCheck® treatment plan
☐ Finishing for the current tooth position
☐ Other (Specify in Treatment Instructions)

6. TOOTH MOVEMENT RESTRICTIONS

(EX. BRIDGES, ANKYLOSED TEETH, IMPLANTS, ETC.)

- ☐ None (move all teeth)
☐ These specific teeth should not be moved

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.8 | 1.7 | 1.6 | 1.5 | 1.4 | 1.3 | 1.2 | 1.1 | 2.1 | 2.2 | 2.3 | 2.4 | 2.5 | 2.6 | 2.7 | 2.8 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R | | | | | | | | | | | | | | | L |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.8 | 4.7 | 4.6 | 4.5 | 4.4 | 4.3 | 4.2 | 4.1 | 3.1 | 3.2 | 3.3 | 3.4 | 3.5 | 3.6 | 3.7 | 3.8 |

Doctor is solely responsible for the completion and interpretation of radiographs and other diagnostic records.

7. ATTACHMENTS (TO SPECIFY ATTACHMENTS, SEE CLINICAL PREFERENCES)

- ☐ Place attachments as needed (to specify attachment defaults for certain movements, see Clinical Preferences)
☐ Do not place attachments on these teeth

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| 4.8 | 4.7 | 4.6 | 4.5 | 4.4 | 4.3 | 4.2 | 4.1 | 3.1 | 3.2 | 3.3 | 3.4 | 3.5 | 3.6 | 3.7 | 3.8 |

Please contact SCD Invisalign Department for the latest fee charges on 07 346 0516 or email: invisalign@scdlab.com

8. IPR

- ☐ Perform IPR as needed
☐ Do not perform any IPR
☐ Do not perform IPR on these specific contacts

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.8 | 1.7 | 1.6 | 1.5 | 1.4 | 1.3 | 1.2 | 1.1 | 2.1 | 2.2 | 2.3 | 2.4 | 2.5 | 2.6 | 2.7 | 2.8 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 4.8 | 4.7 | 4.6 | 4.5 | 4.4 | 4.3 | 4.2 | 4.1 | 3.1 | 3.2 | 3.3 | 3.4 | 3.5 | 3.6 | 3.7 | 3.8 |

9. PRECISION CUTS

- ☐ None
☐ Same placements as previous treatment plan
☐ Place Precision Cuts as per my Clinical Preferences
☐ Place Precision Cuts as specified in Precision Cuts Interface

10. RESIDUAL SPACES

- ☐ None
☐ Close the following residual spaces (also, specify the amount of residual space present)

TREATMENT INSTRUCTIONS

Upper arch

Lower arch

CASE CHECK LIST

- ☐ 8 Clinical Photos
☐ Upper PVS Impression
☐ Lower PVS Impression

Impressions must be taken on Invisalign trays.

Please ensure all of the above are submitted to SCD Invisalign to process your case.



Terms & Conditions**DEFINITIONS**

1. These are the terms and conditions of Southern Cross Dental Laboratories (NZ) Limited (CN 3791176) trading as Southern Cross Dental (herein after referred to as 'SCD' 'we', 'us', 'our' or 'it').
2. We reserve the right to add to, delete or change these terms at any time. Any changes to our terms and conditions will be published on our website at www.scdlab.co.nz and you should refer to the website from time to time for any such changes.

ACCEPTANCE

3. Any instruction received by SCD from the customer for the supply of goods and services shall constitute acceptance of the terms and conditions contained herein.
4. Upon acceptance of these terms and conditions by the customer, the terms and conditions are binding and can only be amended with the written consent of SCD.

CREDIT

5. SCD reserves the right not to accept an order for goods and services from a customer.
6. Credit is provided to the customer at the sole discretion of SCD, and can be withdrawn at any time. SCD reserves the right to request payment in advance from a customer.

PRICE and PAYMENT

7. The price of the goods and services provided shall be detailed in writing by SCD to the customer. Prices are subject to change without notification. A current price list can be obtained from SCD Customer Service.
8. GST and other taxes shall be added to the price, in accordance with relevant legislation.
9. Where credit has been provided by SCD, invoices are due for payment thirty (30) days from statement date. Any balances outstanding over 30 days may incur interest and administration charges.
10. Payment can be made by credit card, electronic funds transfer or cheque. American Express credit cards are not accepted.

SERVICE

11. All items sent from SCD have been decontaminated according to Dental Council of New Zealand for infection control.
12. All items sent to SCD must be decontaminated according to Dental Council of New Zealand for infection control.
13. The customer is responsible for the safe and timely delivery of jobs sent to SCD for processing. SCD takes no responsibility for jobs that are delayed, damaged or lost in transit to SCD.
14. Normal turnaround times for jobs are approximately 10 working days, depending on the product, from when SCD receives the parcel. This is conditional on there being no delays as a result of factors beyond our control. Cases may take longer than the standard turnaround time where there are technical queries from the SCD technicians, potential problems to discuss, or where photographs are requested by the customer. Provera and Implants cases take longer to manufacture.
15. SCD is responsible for the delivery of completed work back to the customer.
16. SCD will only make delivery of completed work to the business address of the customer. SCD will not deliver completed work to a residential address.

GUARANTEE

17. SCD offers a guarantee on all crown and bridge work (except veneers, inlays or onlays) for any fractures or defects that occurred as a result of the manufacturing process (Guarantee).
18. Where SCD agree to replace the product, the new item will be made to the identical specification as the original product. Substitute materials will not be accepted. The Guarantee is subject to the following conditions.
 - a. The Guarantee is valid for the following products only (Products) from date of original invoice to the customer for the period specified below:
Crowns (excluding fully milled zirconia and layered zirconia) for a period of **5 years**;
Fully milled 100% zirconia for a period of **10 years**; and
Layered zirconia crown - framework for a period of **10 years**; complete restoration for a period of **2 years**.
 - b. The damaged Product must be returned to SCD for inspection.
 - c. SCD will assess the Product to determine, in its sole judgement, whether a full or partial refund, or replacement product will be provided.
 - d. The Product will be remade for the customer in accordance with clause 16c, except that semi-precious or high precious metals or new components for implant cases will be charged for.
 - e. The Guarantee extends to the replacement Product provided except where, in the opinion of SCD, the material selected by the customer has a higher than usual chance of fracture or defect.
19. SCD reserves the right to void the Guarantee if, in its sole judgment, the damage to the Product has not been caused as a result of the manufacturing process.
20. There is no written guarantee on removable prosthodontics such as dentures/splints or any other product supplied by SCD.
21. The Guarantee is offered to dentists who have sourced the Products from SCD and is not intended to exclude or limit any rights or remedies a consumer may have under New Zealand consumer law.

MEDICAL ADVICE

22. SCD will provide goods or services to the customer based on the order sheet provided by the customer, and may from time to time discuss the case with the customer through email, telephone or in person. The customer acknowledges that such discussions, and any representations by SCD, should be used merely as a guide rather than a definitive recommendation to adopt any specific action or treatment. Nothing transmitted in the course of such discussions shall constitute the establishment of a doctor-client-patient relationship between the customer and SCD. Responsibility for the diagnosis of a medical condition, and for the prescription of treatment planning or medicines, rests solely with the customer.

GOVERNING LAW

23. These Terms are governed by the laws of New Zealand. No action or proceeding may be commenced or maintained in relation to the site, the Services or these Terms except in a New Zealand court.

Privacy Notice

Southern Cross Dental Laboratories (NZ) Limited (CN 3791176) trading as Southern Cross Dental (SCD) collects personal information about you to provide you with products and services. If your personal information is not collected, we may not be able to do those things. SCD may disclose personal information about you to our manufacturing partners, other third party service providers such as our marketing partners, and any party acquiring all or part of our business. Some of these parties may be located overseas, including in the United States. If you provide us with information about another person, you must provide them with a copy of this Privacy Notice.

Our Privacy Policy contains information on how you can access or seek correction of the personal information we hold about you and how you can make a privacy complaint and how we will deal with your complaint. To access our Privacy Policy, please visit our website at www.scdlab.co.nz, or contact us at privacy@scdlab.com or 09 379 9778 (Auckland) or 07 346 0516 (Rotorua) to obtain a copy.