

Invoice No.

Patient Name

Practice Address Site No.

Return Date

Dentist Name GDC No.

Diagnostic

iQ Digital Prediction **U** **L** Digital Study Models **U** **L**

Q Packages

Q Fixed Includes

- 3M Ceramic Brackets **U**
- Indirect Bonding Trays **L**
- 3 x Wires **L**
- Opragate
- 3M SEP
- 3M Transbond
- Removable Retainer
- Fixed Retainer
- Whitening Tray

Clarity Advanced Upgrade Damon Self Ligating Upgrade

Q100 Includes

- 8 x Clear Aligners **U**
- Removable Retainer **L**
- Fixed Retainer **L**
- Whitening Tray

Q200 Includes


- Q200 Device **U**
- 4 x Clear Aligners **L**
- Removable Retainer **L**
- Fixed Retainers
- Whitening Tray

Single Items

	U	L
Removable Retainer	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Retainer	<input type="checkbox"/>	<input type="checkbox"/>
Whitening Tray	<input type="checkbox"/>	<input type="checkbox"/>
Whitening Gel	<input type="checkbox"/>	<input type="checkbox"/>
Refinement Aligner	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Part of Package	<input type="checkbox"/>	<input type="checkbox"/>

Notes



Upper Lower

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 <input style="width: 95%;" type="text"/>	Telephone <input style="width: 95%;" type="text"/>
	Email <input style="width: 95%;" type="text"/>

Initial Contract	LAB USE ONLY	Price	Final Contract	OFFICE USE ONLY
Date	Signed	Disinfected by: Client <input type="checkbox"/> Lab <input type="checkbox"/>	Date	Signed
P.L Sign	P.R Sign	F Sign		