

Order number

(entered by FORESTADENT)

Accusmile® Approval form

Clinician

Name: Account:

(if known)

Address:

Phone | Fax: E-Mail:

Delivery address:

(if different)

Patient name | Patient ID:

I hereby release printing or production for this patient case as follows:

- Model print
- Max
- Complete print
- Mand
- Partial print of Setups ____ to ____ *

- Aligner
- Max
- Complete
- Mand
- Partial production of Aligners ____ to ____ *

Sheet thickness

- 0,8
- 1,0
- both

* Please remind me of next model prints/Aligners

Date

Note:

With my signature I confirm successful examination and release for 3D printing. Medical indications as well as known principles of orthodontic treatments for this patient have been observed in this examination. A potential treatment proposal of FORESTADENT was created by a lab technician and therefore has to be reviewed clinically. Delivery of prints can only be carried out after receipt of written approval.

.....
Date | Place Signature (Clinician)

Please fax the signed form to: +49 7231 459 102 or scan and send it by
E-Mail to: accusmile@forestadent.com