



Dentist Name: _____ Practice Name: _____

Practice Address: _____ Post Code: _____

Tel No: _____ Email: _____

Patient Name/ID: _____ DOB: _____ Male Female

Date work sent to lab: _____ Date work required by: _____

Please allow 2 working days before actual appointment

Enclosed with case: Impressions Models Bite Record Other _____

Cfast Smile tru PREDICTIVE DIGITAL SETUP (Fixed) - £37.50 per arch Please indicate which arch is being treated

Cfast Smile tru STANDARD PACKAGE
O-RING LIGATION

Single Arch £195.00 Dual Arch £350.00

CfastSmileTRU Aesthetic, Composite Brackets and O-rings
Indirect Bonding Trays
Bond
Optragate
Composite
3 x Wires (1 x 0.014, 0.016 and 0.018)
Coated Metal Quick Ties
Comfort wax
Bondable Retainer(s) and Removable Retainer(s)
CfastSmileTRU Whitening (2x5ml syringes of 16% Carbimide Peroxide)

Cfast Smile tru PREMIUM PACKAGE
SELF LIGATING

Single Arch £249.00 Dual Arch £459.00

CfastSmileTRU 3D Printed, Self Ligating Brackets
Indirect Bonding Trays
Bond
Optragate
Composite
3 x Wires (1 x 0.014, 0.016 and 0.018)
Coated Metal Quick Ties
Comfort wax
Bondable Retainer(s) and Removable Retainer(s)
CfastSmileTRU Whitening (2x5ml syringes of 16% Carbimide Peroxide)

Cfast Smile tru FIXED CASE, CLEAR ALIGNER REFINEMENT PACKAGE £177.00 per arch
Consists of 3 aligners - 1, 2 or 3 may be active, remainder will be retainers if only 1 or 2 are active

Cfast Smile tru DIGITAL CLEAR ALIGNERS

ALIGN 2-2

UPPER

LOWER

£75.00 DIGITAL SET UP
FEE APPLIES

ALIGN 3-3

UPPER

LOWER

£75.00 DIGITAL SET UP
FEE APPLIES

ALIGN 5-5

UPPER

LOWER

£75.00 DIGITAL SET UP
FEE APPLIES

ALIGN FULL ARCH

£75.00 DIGITAL SET UP
FEE APPLIES

PLEASE SELECT PREFERRED PACKAGE

5 DAY ALIGNERS
(Premium Pkg incurs £100 fee)

10 DAY ALIGNERS (Standard)

Simple LINGUAL

Single Arch £429.00

Dual Arch £749.00

Simple ITEMS * Per Arch

SOLID Retainer* £149.00

Bondable Retainer* £55.00

Removable Retainer* £49.50

Hybrid Retainer* £85.50

Plaster Study Model* £25.00

Whitening Tray* £29.50

Whitening Gel £9.99

Note: VAT is not applicable to the prices above with the exception of Whitening Gel

Patient Specific Concerns / Notes

Clinicians Signature: _____

PRESCRIBER FEEDBACK

To enable our dental laboratory to comply with the Medical Devices Directives Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible

TO BE COMPLETED BY QUALIFIED LABORATORY PERSONNEL ONLY

Approved for manufacture by: _____

Date: _____