



GO NATURAL..... DIGITALLY!

Date : .....

Doctor name : ..... City : .....

Patient name :

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First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

Age :

Gender: ☐ M ☐ F

Enclosed with (for Doctor use)

☐ Imp Upper

☐ PVS bite Records

☐ Imp Lower

☐ Model Upper

☐ Model Lower

☐ Confirm if the case is submitted on the customer portal



Signature : .....

Disclaimer: Kindly make sure you submit your case records on Portal. We can only proceed when all related information of your case is available on portal.  
[www.richsmiledesign.com](http://www.richsmiledesign.com)