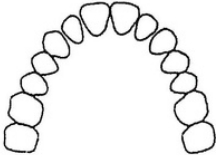


AsoAligner™ – Invisible Orthodontic Appliance –		Doctor/Location 																	
Impression Date: / /		Delivery Due: / / Time :																	
Case No.	Patient Name	Date of Birth	Gender																
	First: Last:	/ /	F • M																
ASO Aligner		Upper	Lower																
Basic (soft & hard)		☐	☐																
Advanced (soft, medium & hard)		☐	☐																
3-in-1 Step (soft, medium & hard)x3		☐	☐																
Diagnostic Set-Up Model		☐	☐																
Additional Aligner		☐	☐																
Free Estimate		☐	☐																
< Indicate Reset Teeth>																			
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> </table>		8	7	6	5	4	3	2	1	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>		1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1												
1	2	3	4	5	6	7	8												
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8	7	6	5	4	3	2	1												
1	2	3	4	5	6	7	8												
< Indicate Stripping and/or Other Teeth Movement>																			
 UPPER		 LOWER																	
< Special Instruction>																			
*Payment Terms: Net 90; 2% service charge over 90 days.																			

ASO HAWAII

1441 Kapiolani Boulevard, #1112, Honolulu, Hawaii 96814
 Tel: 808-957-0111 Email: asoaligner@hotmail.com