smart moves complete

the smarter way to a beautiful smile™

IMPRESSION TRAY LABELING SLIP

» Impression trays enclosed: ☐ Upper ☐ Lower

» Patient Name: _____

» Doctor Name: _____

» Date shipped: _____

» These impression trays are for: ☐ A new case on the smart moves portal

☐ A refinement to an existing case

LAB FM-133

Great Lakes
DENTAL TECHNOLOGIES   800.828.7626 | smartmovesaligners.com