



**PLEASE FILL THIS  
FORM OUT  
COMPLETELY.  
TAKE A PHOTO OF  
IT AND INCLUDE IT  
WITH THE OTHER  
PHOTOS YOU  
SUBMIT WHEN  
REQUESTING MORE  
ALIGNERS.**

**Text:**  
503-399-0721

**Email:**  
justsmile@castillaortho.com

# #AlignerBoss

## ALIGNER PHOTO SUBMISSION FORM

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Aligner #: Upper \_\_\_\_\_ Lower \_\_\_\_\_

Hours per Day worn: \_\_\_\_\_ / 24

Elastic Wear (if applicable): \_\_\_\_\_ / 10