



## 2023 UKI Forum LIVE Awards

### Best Align Digital Platform Restorative Case: - Submission Form

Please fill out **all required boxes** below as part of your submission.

If you have any questions regarding your submission, contact the UKI Forum Live Team at [uki\\_forumlive\\_awardsubmissions@aligntech.com](mailto:uki_forumlive_awardsubmissions@aligntech.com)

**Full Name (required)**

**Contact Email Address (required)**

**Align ClinID Number (required)**

**Patient ID (if Invisalign treatment was used)**

Were other members of the dental team involved in the management of this patient? If yes, please include them below (Dental Hygienist/Therapist/ Dental Technician/ Specialist dentist) **(required)**

Has the case involved the use of the Invisalign® system to align the teeth prior to restorative treatment? **(required)**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Did you use any of the following tools available from the Align Digital Platform to complete this case? (At least one required) **(required)**

- Smile View
- Invisalign Practice App
- Virtual Appointments
- Virtual Care
- iTero intraoral Scanner
- exocad planning software
- Invisalign® Smile Architect

What general dental disciplines were involved in the management of this case?

- Direct Restorative
- Indirect Restorative
- Prosthodontic
- Implant
- Periodontics

Please summarise your treatment plan and delivery of treatment including any challenges and how you overcame them for this patient:

Please explain how this case has involved the use of the Align Digital Platform (ADP) and how the ADP tools and features aided management of this case?

Confirm you are the treating clinician

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Was this case completed between 1<sup>st</sup> July 2022- 1<sup>st</sup> July 2023?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please confirm that the patient or the parent/legal guardian has given consent for these images to be used as part of the submission as well as any promotional materials and content in relation to the award ceremony?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I have read and understood the Terms and Conditions for this submission **(required)**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I agree to the Terms and Conditions of this submission **(required)**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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