

Order form



ORDER NO:

**filled by Langga team*

by Impact Performance Sdn. Bhd.

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✉ support@langga.com

CLINIC DETAILS

Clinic
Name:

Doctor
Name:

PATIENT & ORDER

Patient
Name:

Age:

Gender:

Date
Sent:

Date

Wanted:

Quantity:

(min. 10 working days from receipt)

PRODUCT
(select ONE)

☐

SLIM

☐

CORE

☐

PRO

COLOURS (select ONE, unless customer is ordering multiple colours)

☐

Langga Blue

☐

Neon Green

☐

Neon Yellow

☐

Hot Pink

☐

Jet Black



ARCH

☐

UPPER

☐

LOWER

INITIALS (*optional - max. 5 characters)

Standard block font, consists only letters and numbers. (e.g. L44, DW31, JVT30)

ATTACHED WITH CASE *Both arches and a bite registration are required for every case - no exceptions.*

☐

Upper Arch Scan

☐

Lower Arch Scan

☐

Bite Registration

☐

Misc.: _____

NOTES / SPECIAL INSTRUCTIONS *Please mention any braces or orthodontic appliances, missing teeth, or upcoming extractions (If any)*