

Smile more Confidently.

[Get Started](#)

[AM I A CANDIDATE?](#)

Our Mission

To brighten people's Smyl, self-confidence and charisma.
To offer cost-effective aligner, teeth whitening and dental impression services that are accessible, easy to manage and customizable.
To offer people a new, safe, and easy to administer treatment for teeth traightening and whitening services.

[More About Us](#)



Why choose SmylUSA?



Quality

We use the latest technology to design our customized Clear Aligners. Our Clear Aligners are designed with the highest quality materials to give you a comfort fit and effective results.



Convenience

Avoid the hassle of appointments and routine visits to the clinic. We deliver easy to use impression kit delivered right at your doorstep and then your customized Clear Aligners are shipped to you at your home.



Affordability

We offer you our services at an affordable price.

How it Works



1. Impression

The first step of our process is to get your teeth impression.



2. Alignment

Upon your approval of the design, we deliver the aligners at your doorstep.



3. Follow-up

Regular follow-ups for our customers.

[Learn More](#) ►

Our Pricing

We have offer two easy ways to pay

One Time Payment

\$1999

Easy one-time payment option
You save 20%

Get your custom clear aligner shipped to your doorstep with premium teeth whitening kit Includes
Teeth Impression Kit

[Get Started](#)

Monthly Installments

Just \$200 deposit

Easy monthly payment plans
12 months / 18 months / 24 months

No credit checks, no forms to fill out
(Total \$1999)

Get your custom Clear Aligners shipped to your door

[Get Started](#)

Your smile is making life around you more beautiful.



Ready. Set. Smile

Take the free online smile assessment to see if you are a candidate and get started on your journey.

[Am I A Candidate](#)

SMYL USA
— BRING YOUR SMILE ON —

SmylUSA will help you get your perfect smile in 6-8 months. We provide you customized aligners at your doorstep. We are providing you an option that promises convenience and affordability.

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Dashboard

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[AM I A CANDIDATE?](#)

FILL THIS INFORMATION

STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

Personal Information

First Name

Jhone Doe

Last Name

Last Name

Moblle Number

+1 (000) 000 0000

Date of Birth

MM/DD/YYYY

Patient ID

0000000

Billing Information

Address 1

Type Your Address

Address 2

Type Your Address

City

Your City Name

State

Your State Name

Zip Code

000 000 000

Shipping Information

[Same As Billing Information](#)

Address 1

Type Your Address

Address 2

Type Your Address

City

Your City Name

State

Your State Name

Zip Code

000 000 000

Next

[AM I A CANDIDATE?](#)

FILL THIS INFORMATION

STEP 1

STEP 2

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STEP 5

Medical History Form

Please fill out this form

I have Had a Bone Marrow transplant or treatment of hematological malignancies (blodd cancers):

Please Select

I have Had a Bone Marrow transplant or treatment of hematological malignancies (blodd cancers):

Please Select

I have Had a Bone Marrow transplant or treatment of hematological malignancies (blodd cancers):

Please Select

I have Had a Bone Marrow transplant or treatment of hematological malignancies (blodd cancers):

Please Select

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I have Had a Bone Marrow transplant or treatment of hematological malignancies (blodd cancers):

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I have Had a Bone Marrow transplant or treatment of hematological malignancies (blodd cancers):

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I have Had a Bone Marrow transplant or treatment of hematological malignancies (blodd cancers):

Please Select

I have Had a Bone Marrow transplant or treatment of hematological malignancies (blodd cancers):

Please Select

I have Had a Bone Marrow transplant or treatment of hematological malignancies (blodd cancers):

Please Select

Next

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[AM I A CANDIDATE?](#)

FILL THIS INFORMATION

STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

Account Information

Email

email@gmail.com

Password

Password

[Change](#)

Card Details

[Change](#)

[Add](#)

**** * 4589

**** * 8976

Next

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info@smylusa.com

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FILL THIS INFORMATION

STEP 1

Account Info

Email

email@gmail.com

Card Details

**** * 4583

Change Password

Update

Old Password

Name Here

New Password

Month

Re Enter New Password

Name Here

Change

Next

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info@smylusa.com

Sign in or Register

Change Card Details

Update

Name On Card

Name Here

Card Number

**** * 1234

Expiry

Month

Year

CVV

Name Here

VISA

DISCOVER

Add New Card

Add

Name On Card

Name Here

Card Number

**** * 1234

Expiry

Month

Year

CVV

Name Here

VISA

Discover

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 [AM I A CANDIDATE?](#)

FILL THIS INFORMATION

STEP 1

STEP 2

STEP 3

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STEP 5

Pictures

Upload Your Smile Pictures

Upload New



Image Description will be here
Lorem ipsum dolor sit amet,
consectetur adipiscing elit, sed do
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[Edit](#) [Delete](#)



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Bite Pictures

Upload Your Bite Pictures

Upload New



Image Description will be here
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labore et tur. Excepteur sint

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Next

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AM I A CANDIDATE?

FILL THIS INFORMATION

STEP 1 STEP 2 STEP 3 STEP 4 STEP 5

Pictures

Upload Your Smile Pictures

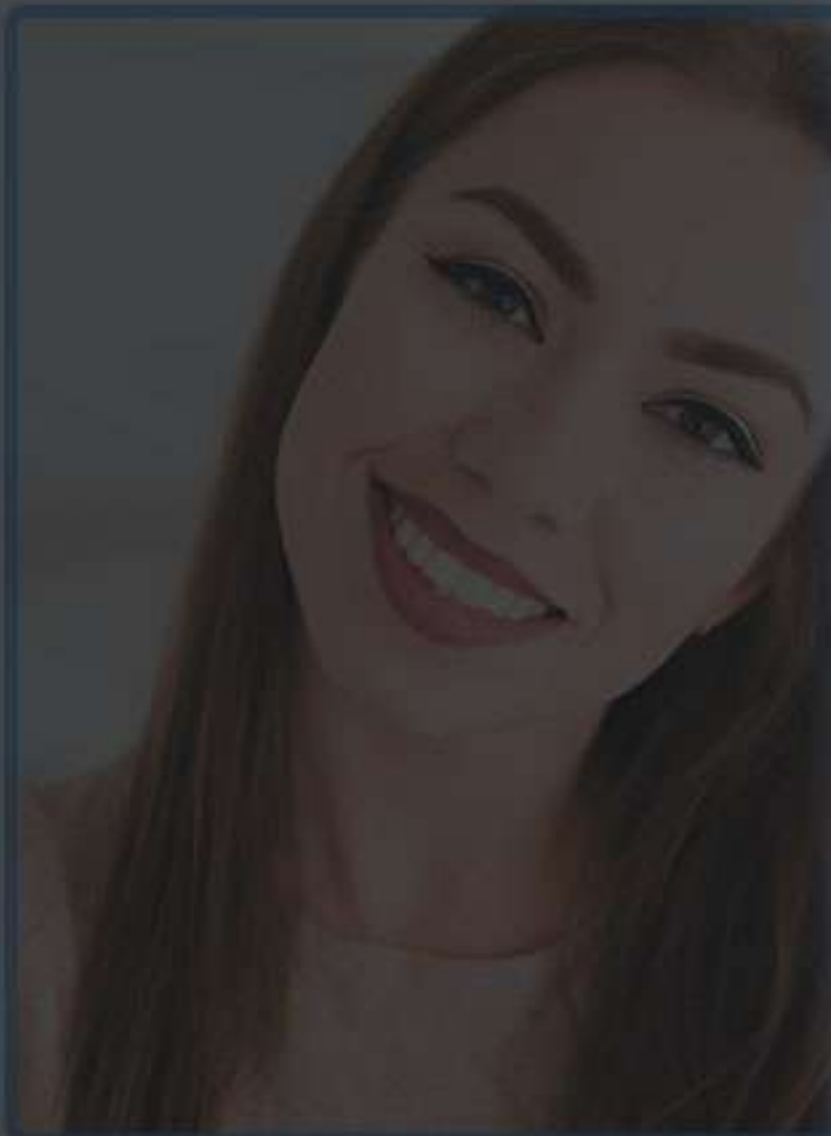


Image Description will be here
Lorem ipsum dolor sit amet,
consectetur adipisicing elit, sed do
eiusmod tempor incididunt ut
labore et tur. Excepteur sint

Edit Delete

Upload New



Image not have Description

Edit Delete

Add New Smile Picture



Image Description will be here
Lorem ipsum dolor sit amet,
consectetur adipisicing elit, sed do
eiusmod tempor incididunt ut
labore et tur. Excepteur sint

.jpeg, .png, .bmp

Browse

Upload

Bite Pictures

Upload Your Bite Pictures

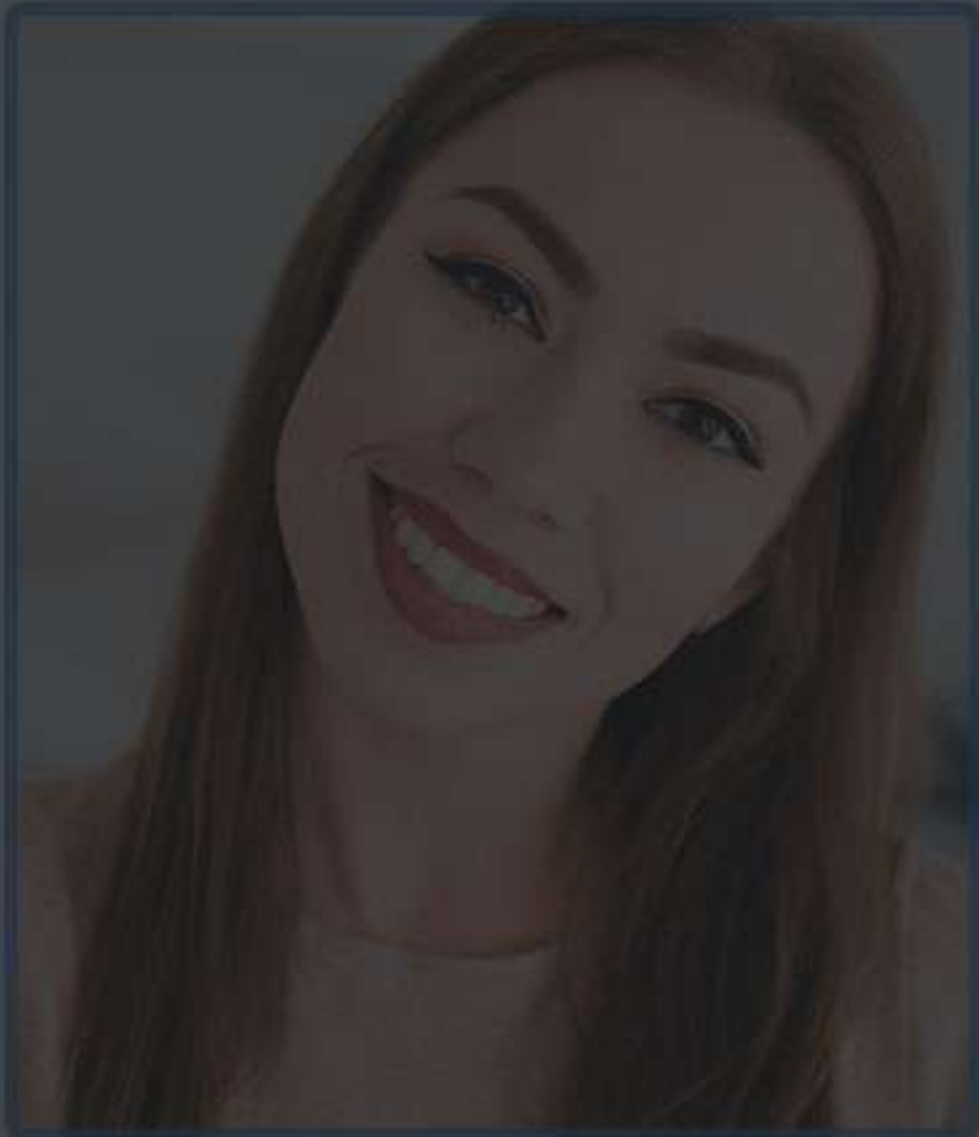


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Lorem ipsum dolor sit amet,
consectetur adipisicing elit, sed do
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labore et tur. Excepteur sint

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Image not have Description

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Next

AM I A CANDIDATE?

FILL THIS INFORMATION

STEP 1 STEP 2 STEP 3 STEP 4 STEP 5

Pictures

Upload Your Smile Pictures

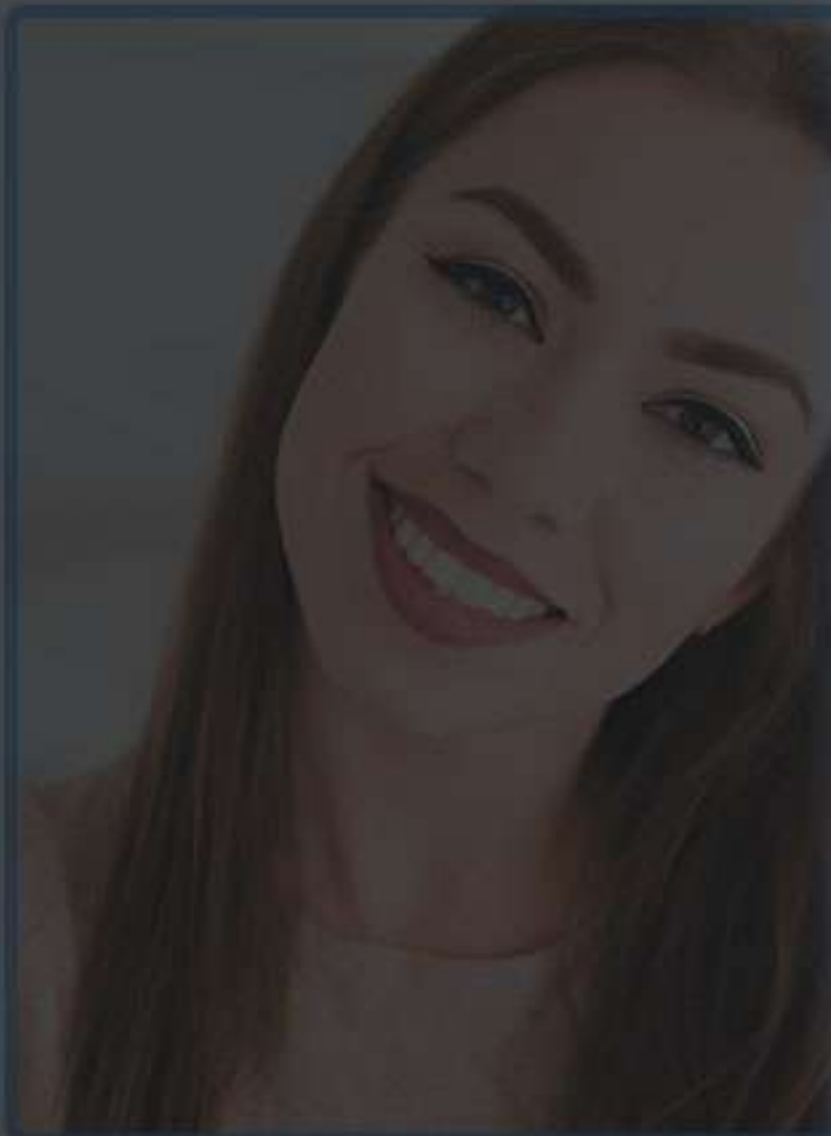


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Lorem ipsum dolor sit amet,
consectetur adipisicing elit, sed do
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labore et tur. Excepteur sint

Edit Delete

Upload New



Image not have Description

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Add New Bite Picture



Image Description will be here
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labore et tur. Excepteur sint

.jpeg, .png, .bmp

Browse

Upload

Bite Pictures

Upload Your Bite Pictures

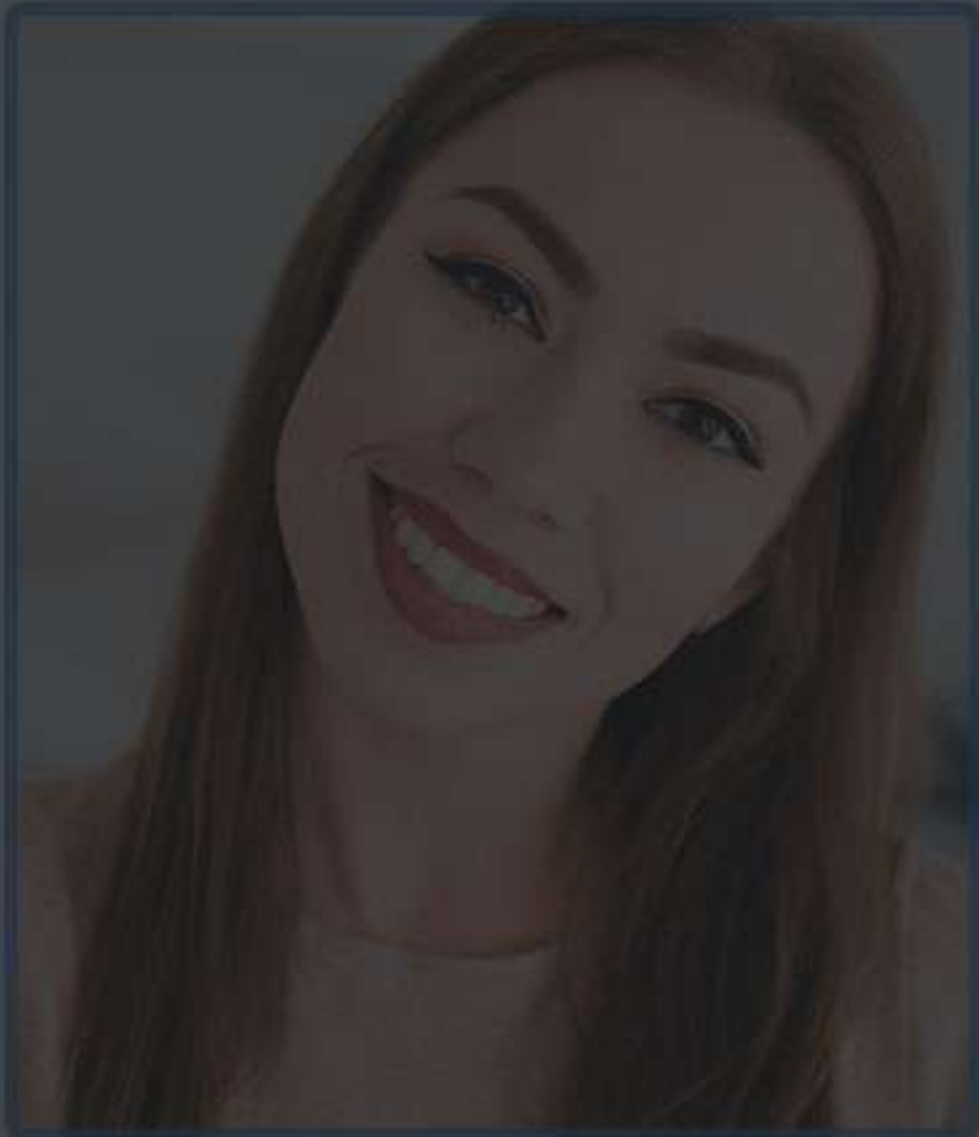


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Image not have Description

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 [AM I A CANDIDATE?](#)

FILL THIS INFORMATION

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STEP 3

STEP 4

STEP 5

STL Files

Upload Your STL Files

Upload New

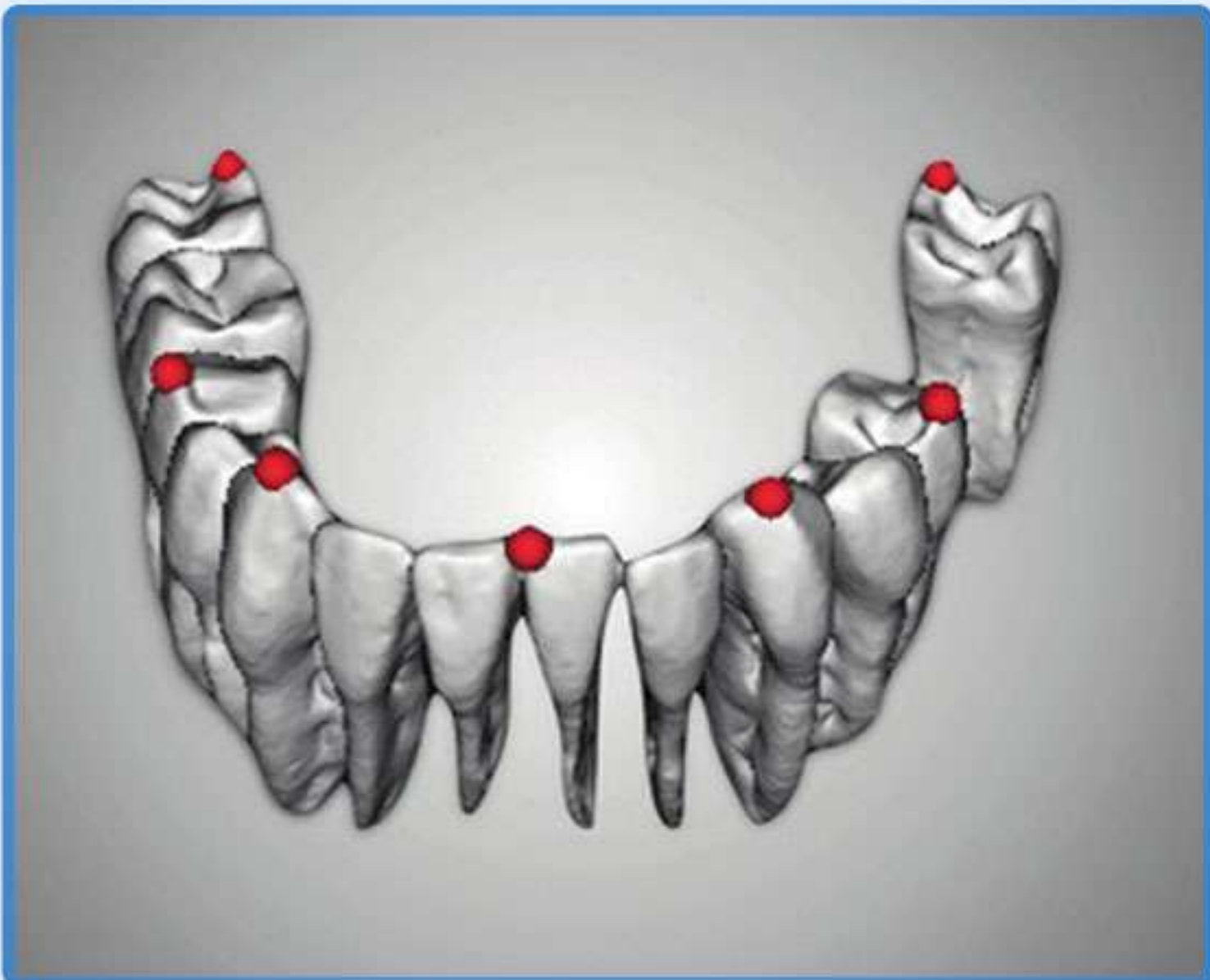


Image Description will be here Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et tur. Excepteur sint tempor incididunt ut labore et tur. Excepteur sint amet, consectetur adipisicing elit, sed do eiusmod

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[Edit](#) [Delete](#)

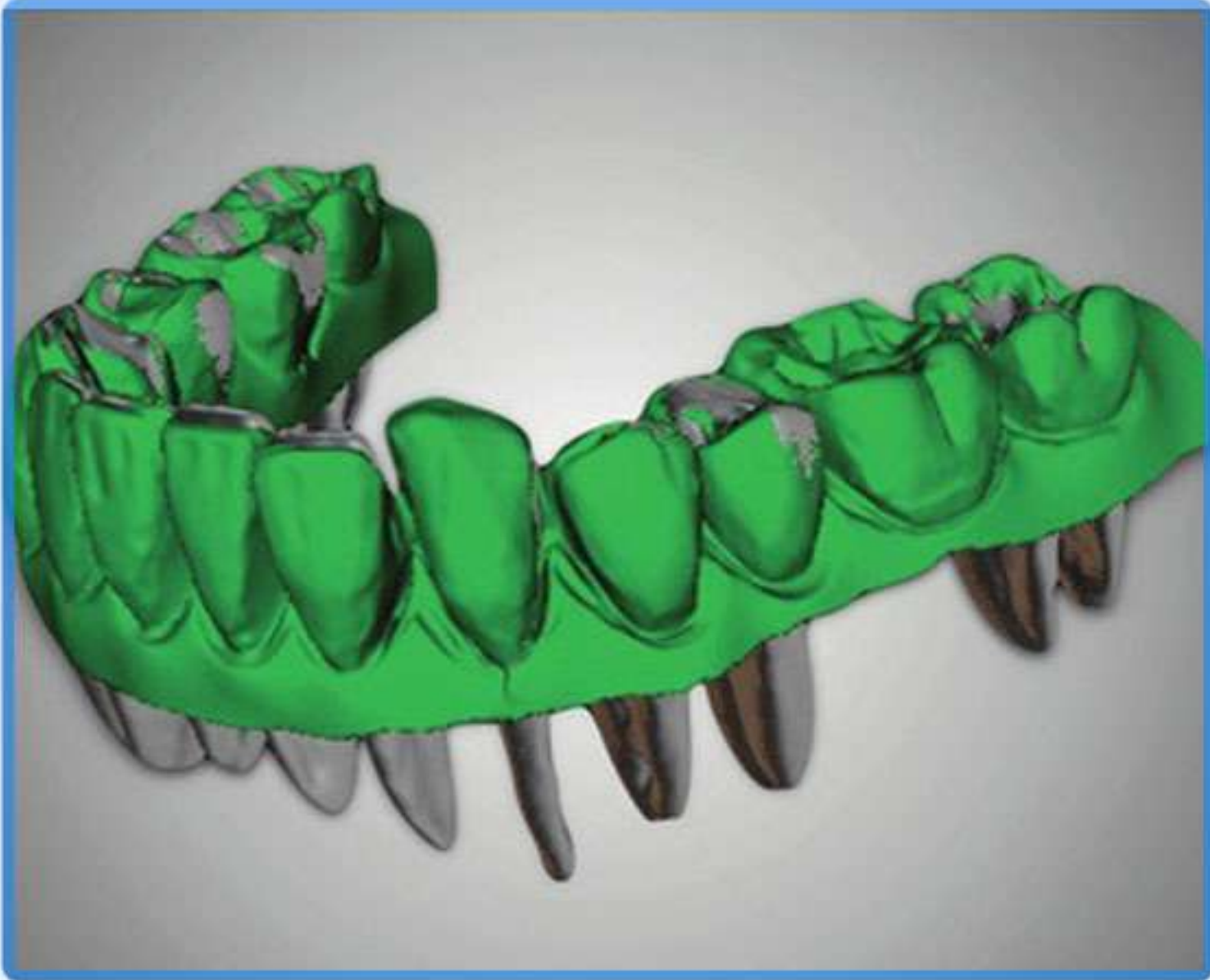


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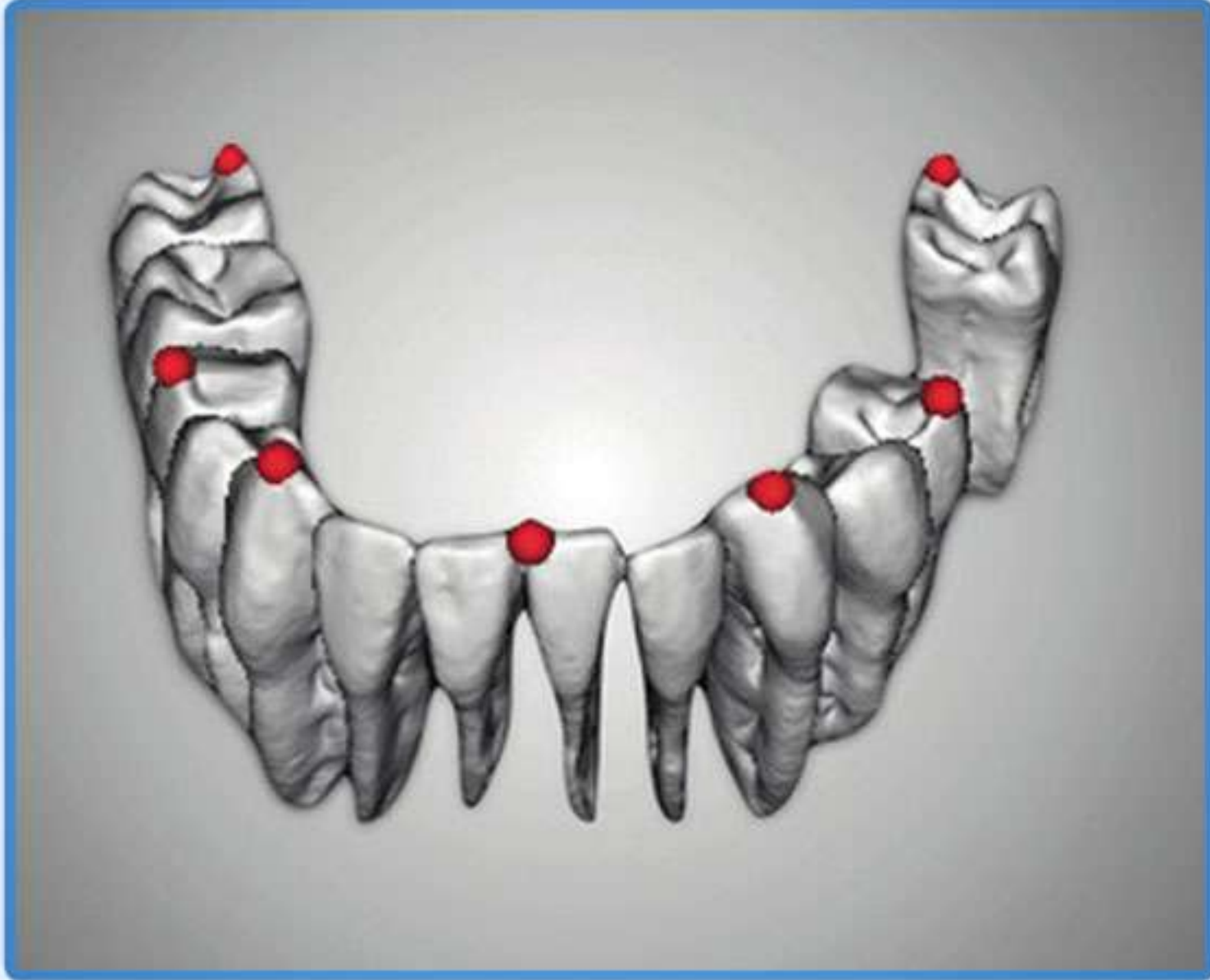


Image Description will be here Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et tur. Excepteur sint tempor incididunt ut labore et tur. Excepteur sint amet, consectetur adipisicing elit, sed do eiusmod

[Edit](#) [Delete](#)

Finish

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STEP 1 STEP 2 STEP 3 STEP 4 STEP 5

STL Files

Upload Your STL



Image Description will be here Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et tur. Excepteur sint

Edit



Image Description will be here Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et tur. Excepteur sint

.jpeg, .png, .bmp

Browse

Upload

Upload New



Image Description will be here Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et tur. Excepteur sint

Delete

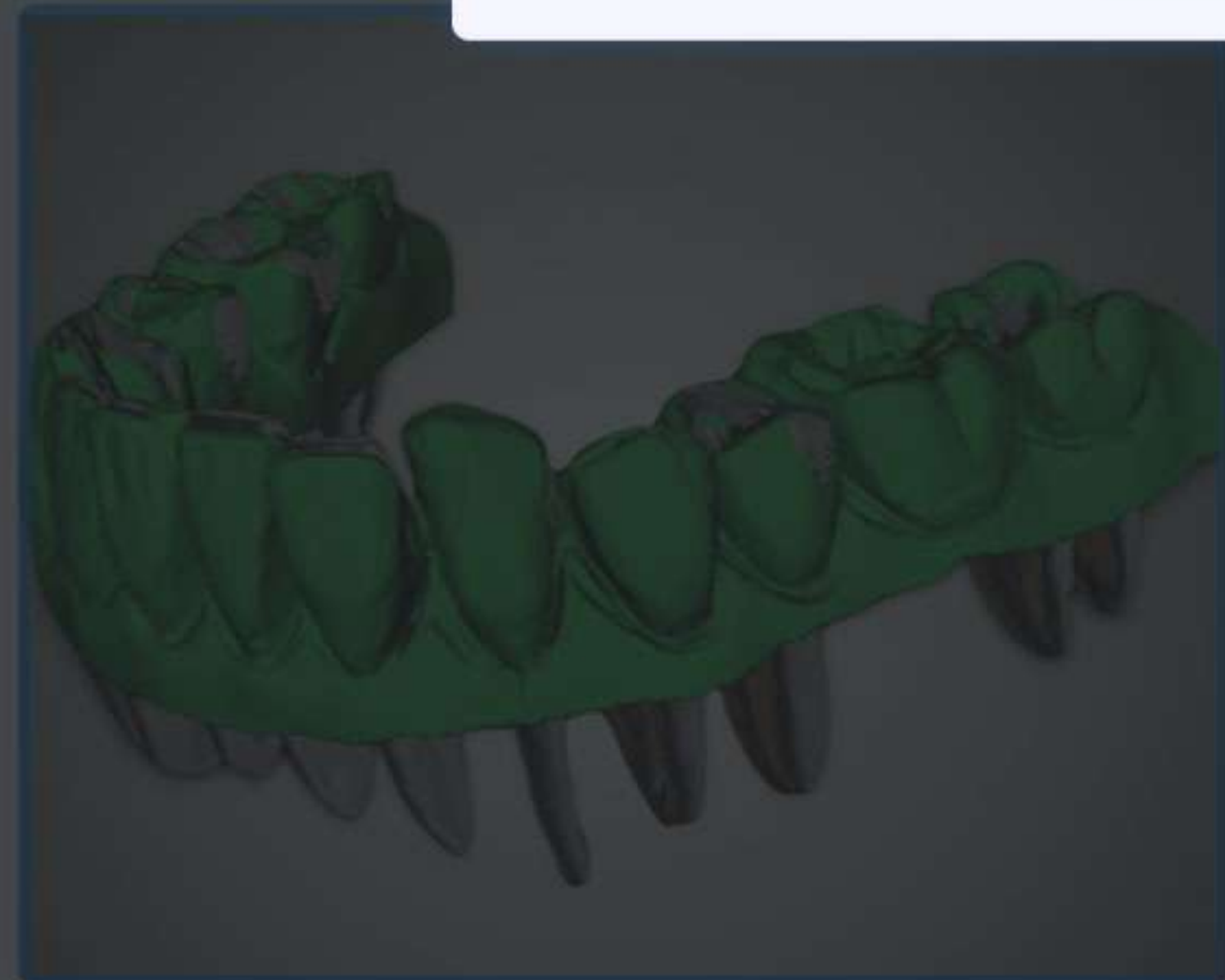


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Edit

Delete



Image Description will be here Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et tur. Excepteur sint

Edit

Delete

Finish

Sign In or Register

[AM I A CANDIDATE?](#)

SIGN IN / REGISTER

Already a Member?
[Sign in](#)

Email / User Name

Email/User Name

Password

Password

☐ Remember Me

[Forgote Password?](#)

Sign In

New User
[Don't have an account? Register Now!](#)

First Name

First Name

Last Name

Last Name

Email Address

Email Address

Password

Email Address

Phone Number

+1 (000) 000 - 0000

Regester Now



Welcome User name

Dashboard

My Profile

My Pictures

My Orders

Payment Plan

Resources

Welcome



John
Doe

Patient ID
123456

Phone Number
+1 (000) 000 0000

Email Address
email@gmail.com

If you have any questions, we're happy to answer them

Please find the answers to all
your Clear Aligners related
questions in our FAQ section

FAQ

You can also visit our
resources page to get
additional information about
your aligner treatment.

[Resources](#)

Notifications

- You have updated avatar.
1 week ago
- You have updated personal
information.
1 week ago
- You have updated personal
information.
1 week ago
- You have updated avatar.
1 week ago
- You have updated personal
information.
1 week ago

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perfect smile in 6-8 months.
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aligners at your doorstep. We
are providing you an option
that promises convenience and
affordability.

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Welcome User name

Dashboard

My Profile

My Pictures

My Orders

Payment Plan

Resources

Hi, We're Excited to Meet You!

Your appointment is
scheduled at 10:00 am EST,
June 09, 2020 at 111 S Newport
Ave, Tampa FL 33606.

During your visit, which will
take 30 minutes, you'll be able
to see a 3D image of your
teeth. We'll use that to create
your new smile. See your
appointment confirmation
email for more details,
like directions.

Reschedule

Or Call us at
888-779-3207

If you have any questions, we're happy to answer them

Please find the answers to all
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questions in our FAQ section

FAQ

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[Resources](#)

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1 week ago
- You have updated personal
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Explore Products

We offer a wide range of products for your Perfect Smile

Explore Now

Alignment Treatment

Our Clear Aligners are made using the latest and most precise technology available to give you the smile that you'll love forever.

Order Now

If you have any questions, we're happy to answer them

Please find the answers to all your Clear Aligners related questions in our FAQ section

FAQ

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[Resources](#)

Notifications

- [You have updated avatar.](#)
1 week ago
- [You have updated personal information.](#)
1 week ago
- [You have updated personal information.](#)
1 week ago
- [You have updated avatar.](#)
1 week ago
- [You have updated personal information.](#)
1 week ago

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Welcome User name

Dashboard

My Profile

My Pictures

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YOUR INFORMATION

YOUR PICTURE & DOCUMENTS

Personal Information

Update

Account Information

Update

Billing Information

Update

Shipping Information

[Same As Billing Information](#)

Update

Profile Picture

.jpeg, .png, .bmp

Browse

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User name

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My Profile

My Pictures

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YOUR INFORMATION

YOUR PICTURE & DOCUMENTS

Pictures

Upload New

Bite Pictures

Upload New

STL Files

Upload New

Medical History Form








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User name

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YOUR INFORMATION

YOUR PICTURE & DOCUMENTS

Personal Information

Update

First Name

Jhone Doe

Last Name

Last Name

Moblie Number

+1 (000) 000 0000

Date of Birth

MM/DD/YYYY

Patient ID

0000000

Account Information

Update

Email

email@gmail.com

Password

Password

[Change](#)

Card Details

[Change](#)

[Add](#)

**** * 4589

**** * 8976

Billing Information

Update

Address 1

Type Your Address

Address 2

Type Your Address

City

Your City Name

State

Your City Name

Zip Code

Your City Name

Shipping Information

[Same As Billing Information](#)

Update

Address 1

Type Your Address

Address 2

Type Your Address

City

Your City Name

State

Your City Name

Zip Code

Your City Name

Profile Picture

.jpeg, .png, .bmp

Browse



[Replace](#)

[Delete](#)



Welcome
User name

Dashboard

My Profile

My Pictures

My Orders

Payment Plan

Resources

YOUR INFORMATION

YOUR PICTURE & DOCUMENTS

Personal Information

Update

First Name

Jhone Doe

Last Name

Last Name

Moblie Number

+1 (000) 000-0000

Date of Birth

MM/DD/YYYY

Patient ID

0000000

Account Information

Update

Email

EMail

Change

Card

000000

Change Password

Update

Old Password

Name Here

New Password

Month

Re Enter New Password

Name Here

Billing

Address

Type

Address

Type

City

Your City Name

State

Your City Name

Zip Code

Your City Name

Shipping Information

Same As Billing Information

Update

Address 1

Type Your Address

Address 2

Type Your Address

City

Your City Name

State

Your City Name

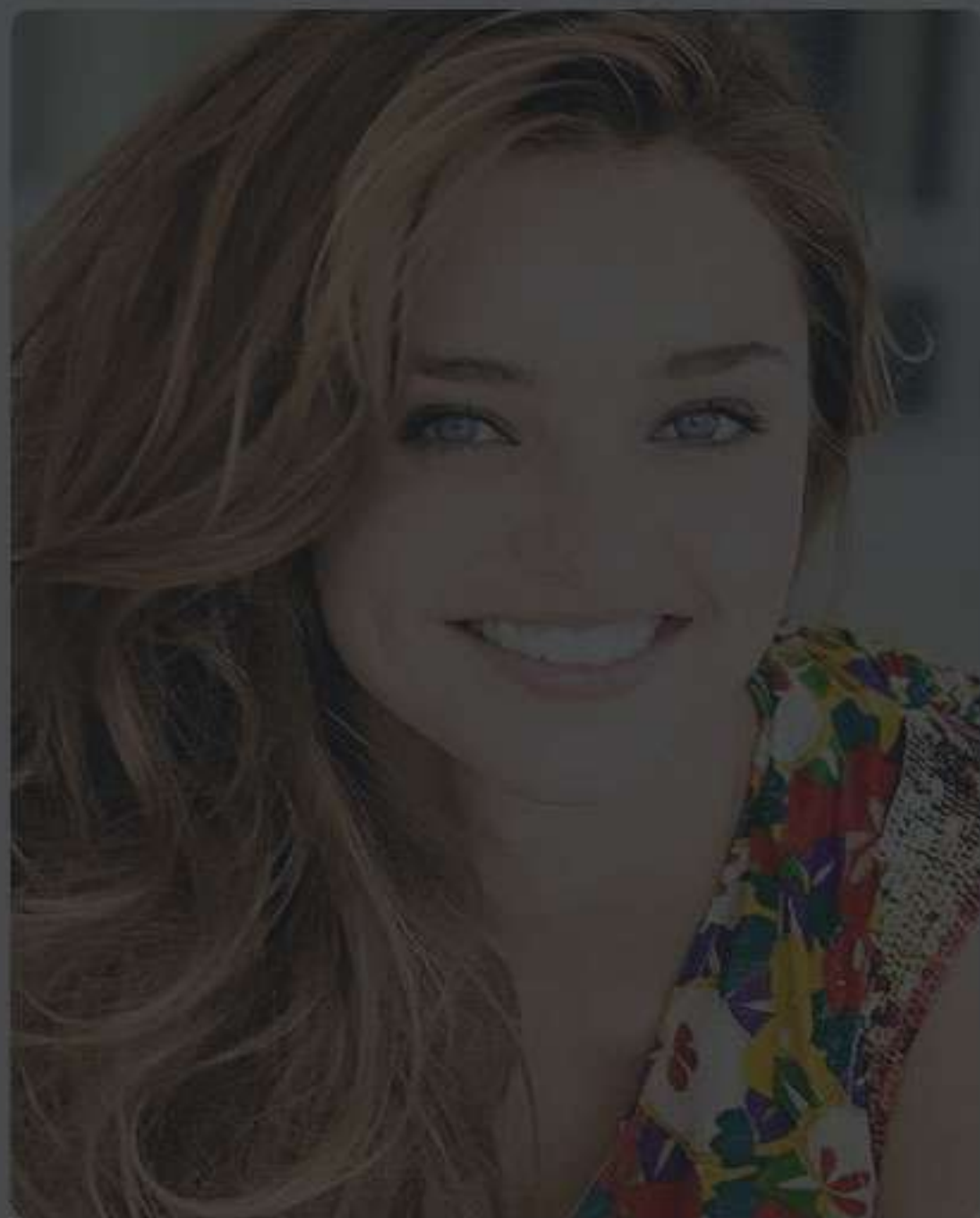
Zip Code

Your City Name

Profile Picture

.jpeg, .png, .bmp

Browse



Replace

Delete

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YOUR INFORMATION

YOUR PICTURE & DOCUMENTS

Personal Information

Update

First Name

Jhone Doe

Last Name

Last Name

Moblie Number

+1 (000) 000 0000

Date of Birth

MM/DD/YYYY

Patient ID

0000000

Account Information

Update

Change

Change Card Details

Update

Name On Card

Name Here

Card Number

**** * 1234

Expiry

Month



Year



CVV

Name Here



City

Your City Name

State

Your City Name

Zip Code

Your City Name

Shipping Information

Same As Billing Information

Update

Address 1

Type Your Address

Address 2

Type Your Address

City

Your City Name

State

Your City Name

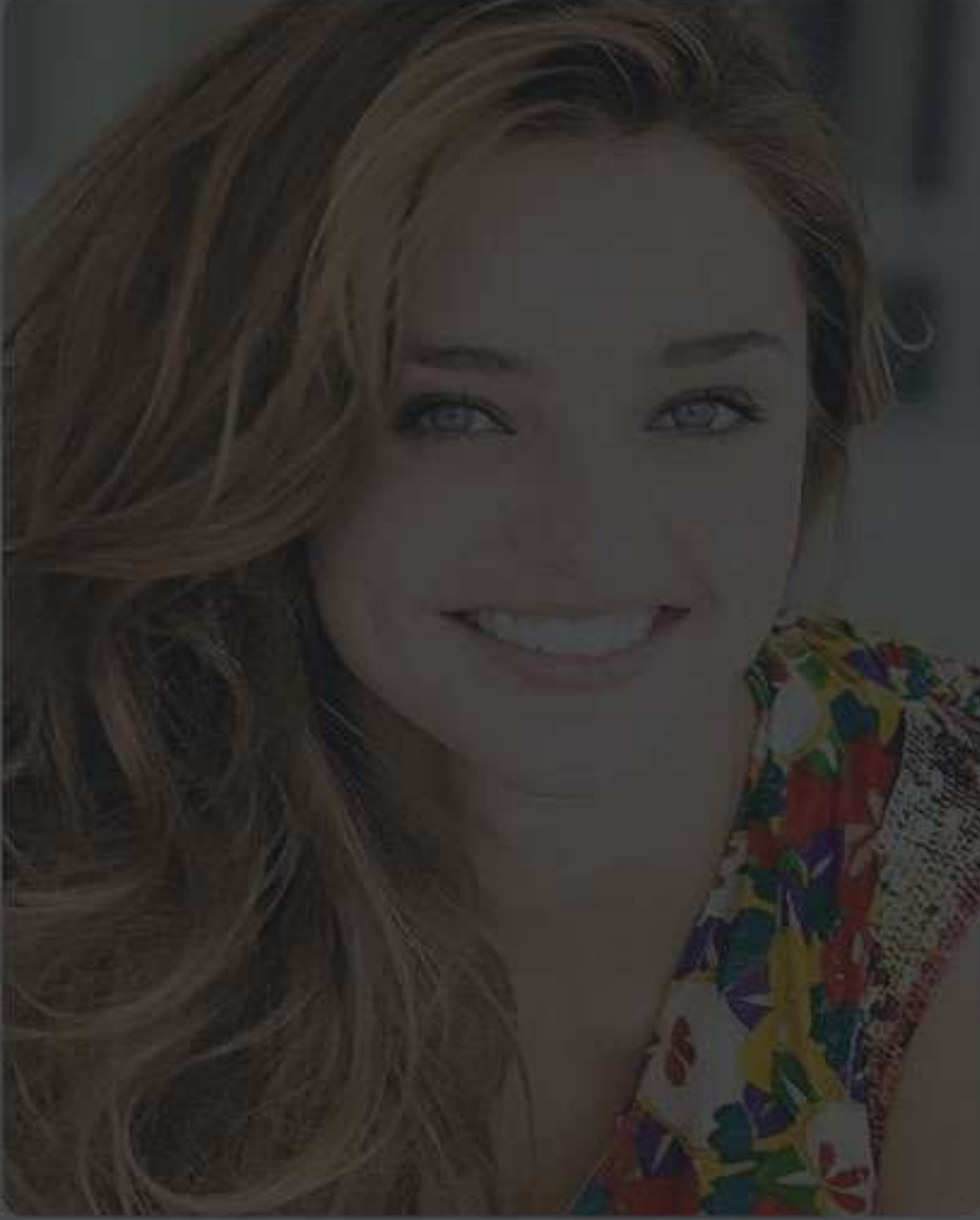
Zip Code

Your City Name

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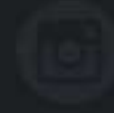
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Update

First Name

Jhone Doe

Last Name

Last Name

Moblie Number

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Date of Birth

MM/DD/YYYY

Patient ID

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Account Information

Update

Change

Add New Card

Add

Name On Card

Name Here

Card Number

**** * 1234

Expiry

Month

Year

CVV

Name Here



City

Your City Name

State

Your City Name

Zip Code

Your City Name

Shipping Information

Same As Billing Information

Update

Address 1

Type Your Address

Address 2

Type Your Address

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State

Your City Name

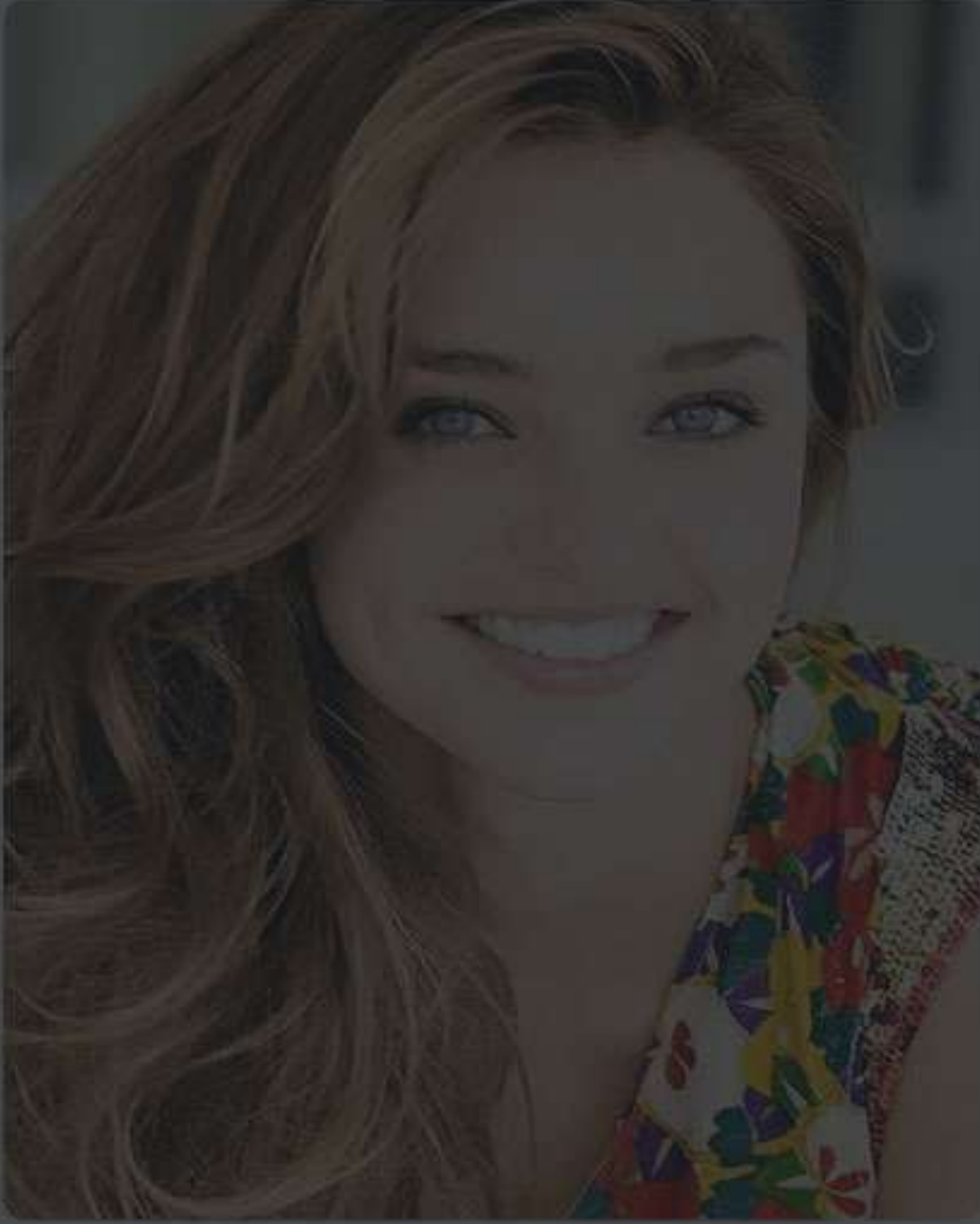
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Jhone Doe

Last Name

Last Name

Moblle Number

+1 (000) 000 0000

Date of Birth

MM/DD/YYYY

Patient ID

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Update

Billing Information

Update

Profile Picture

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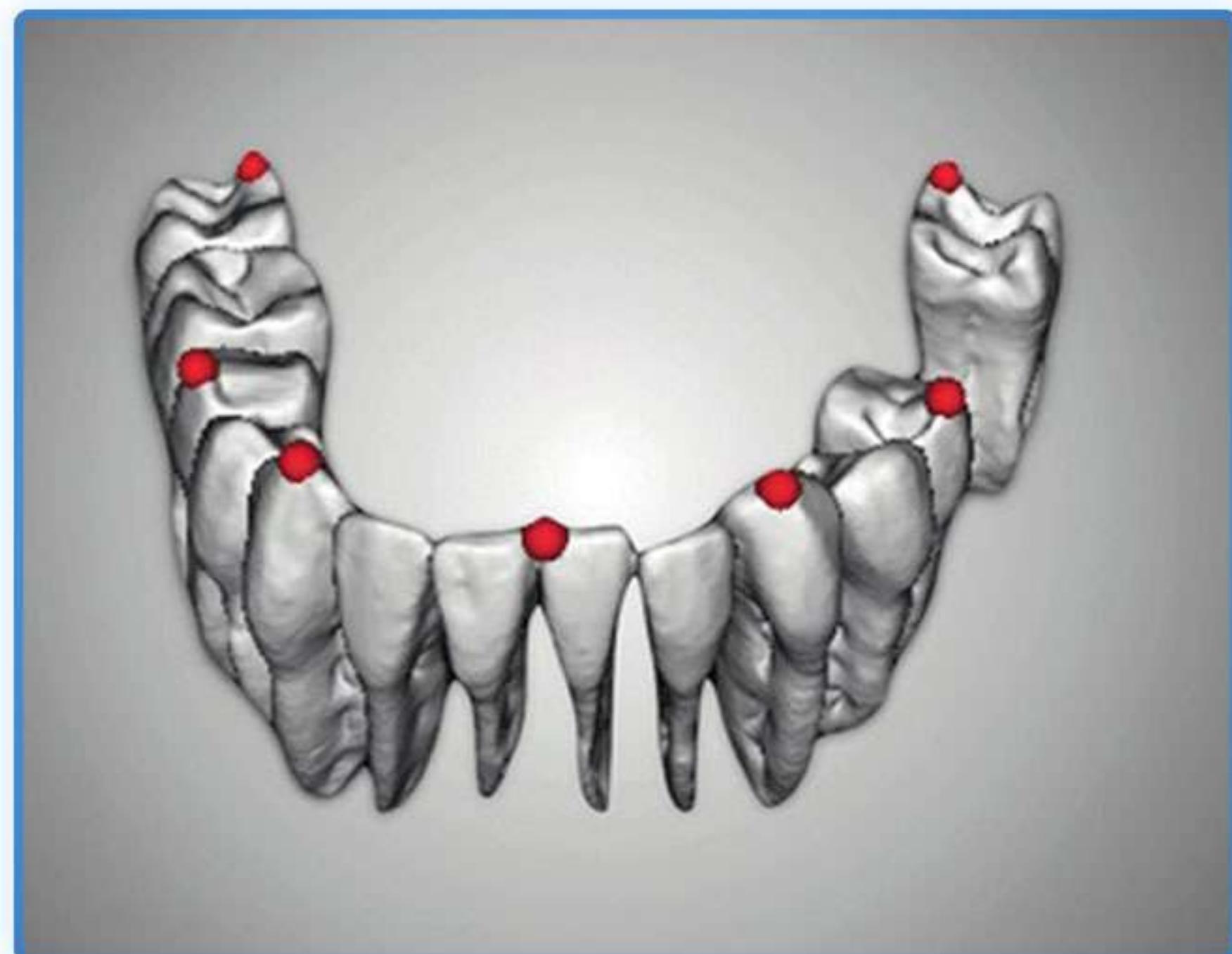


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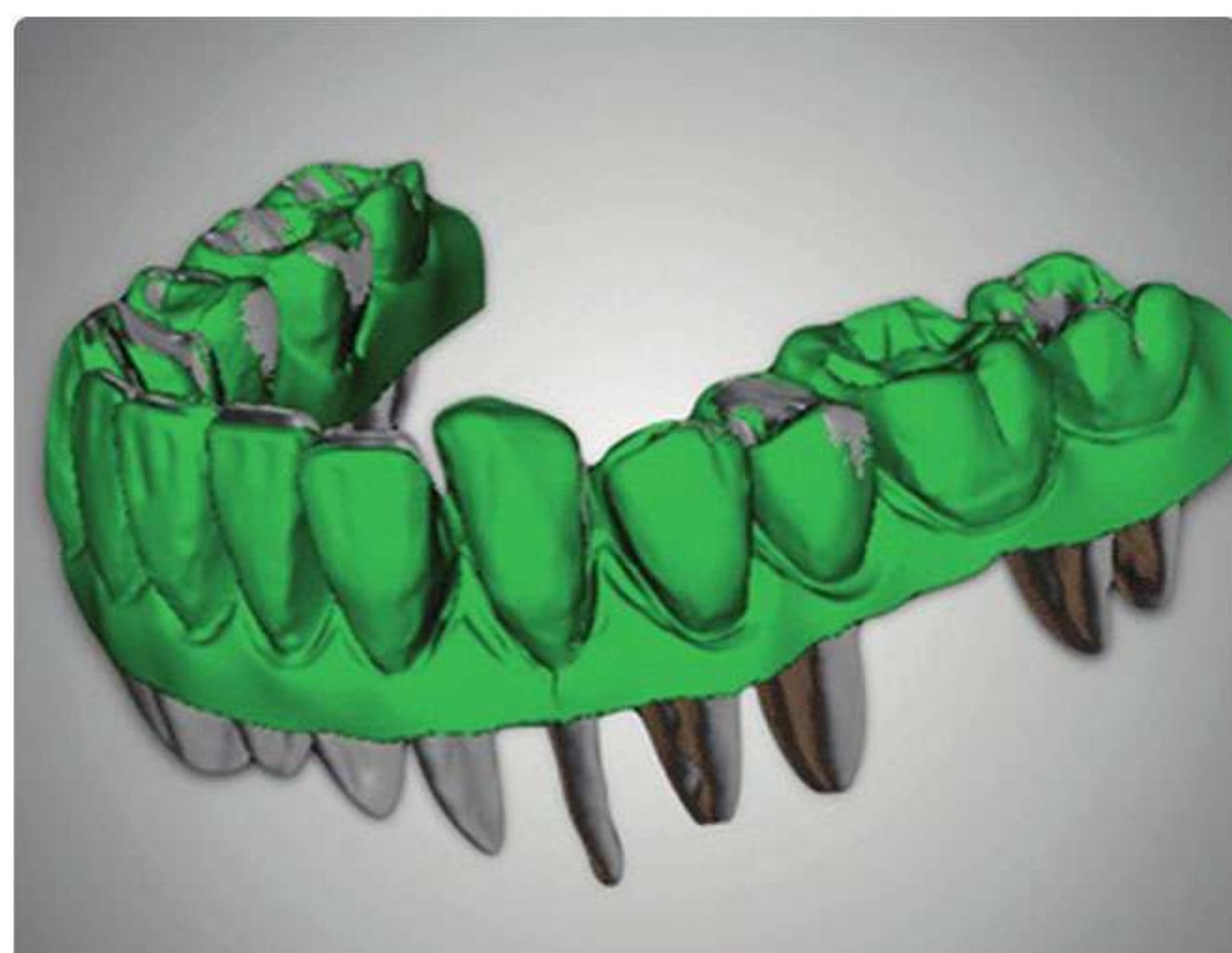


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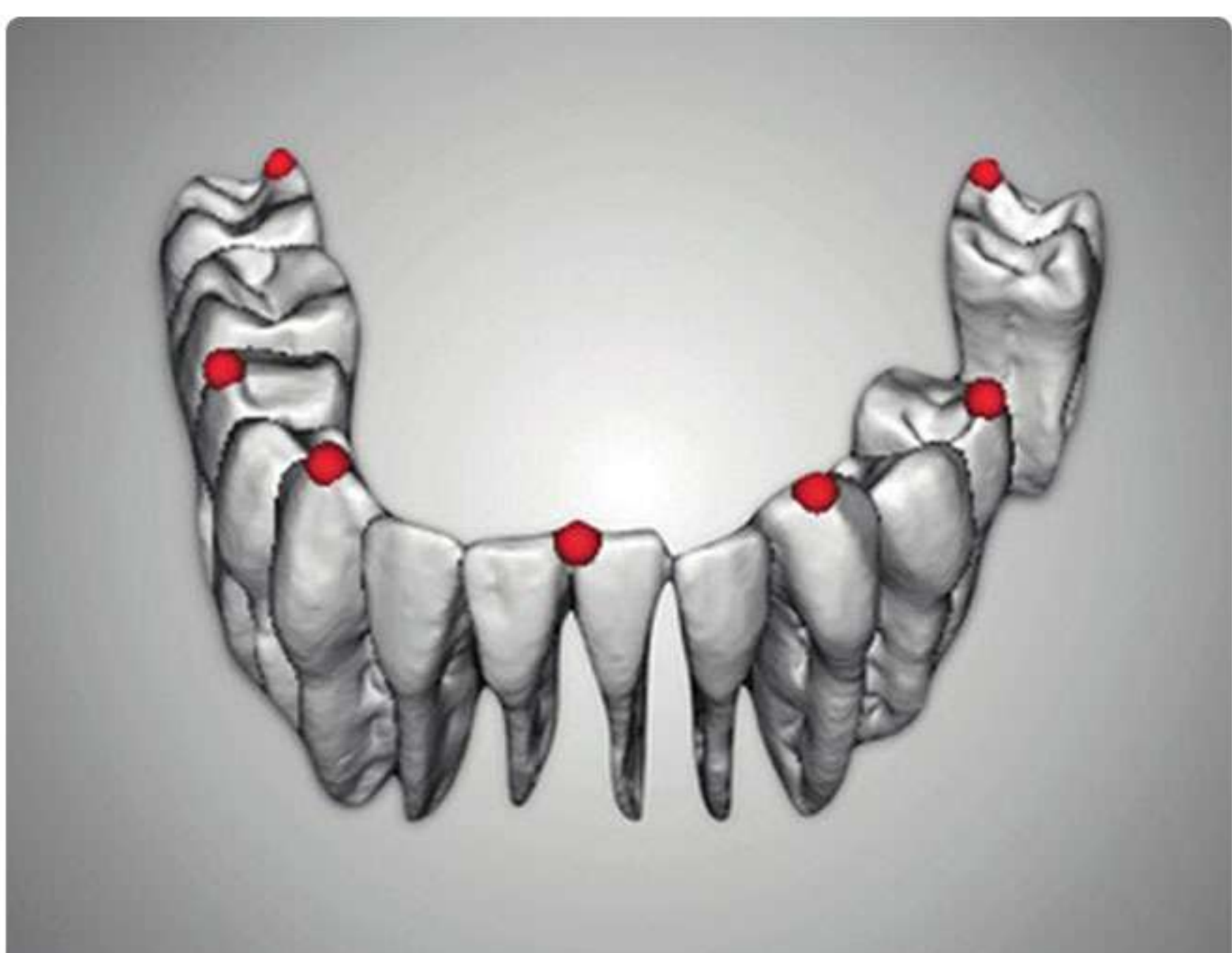


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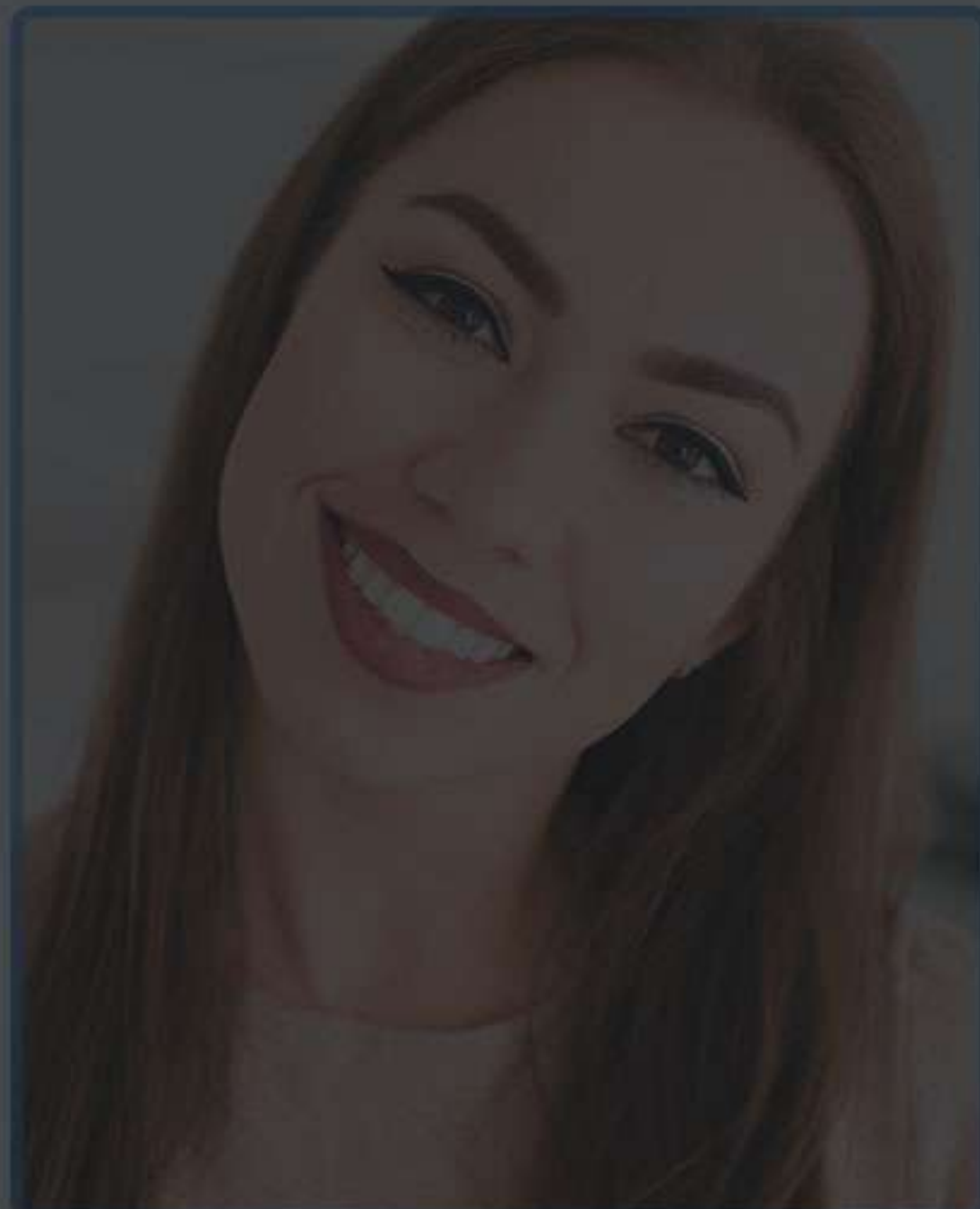


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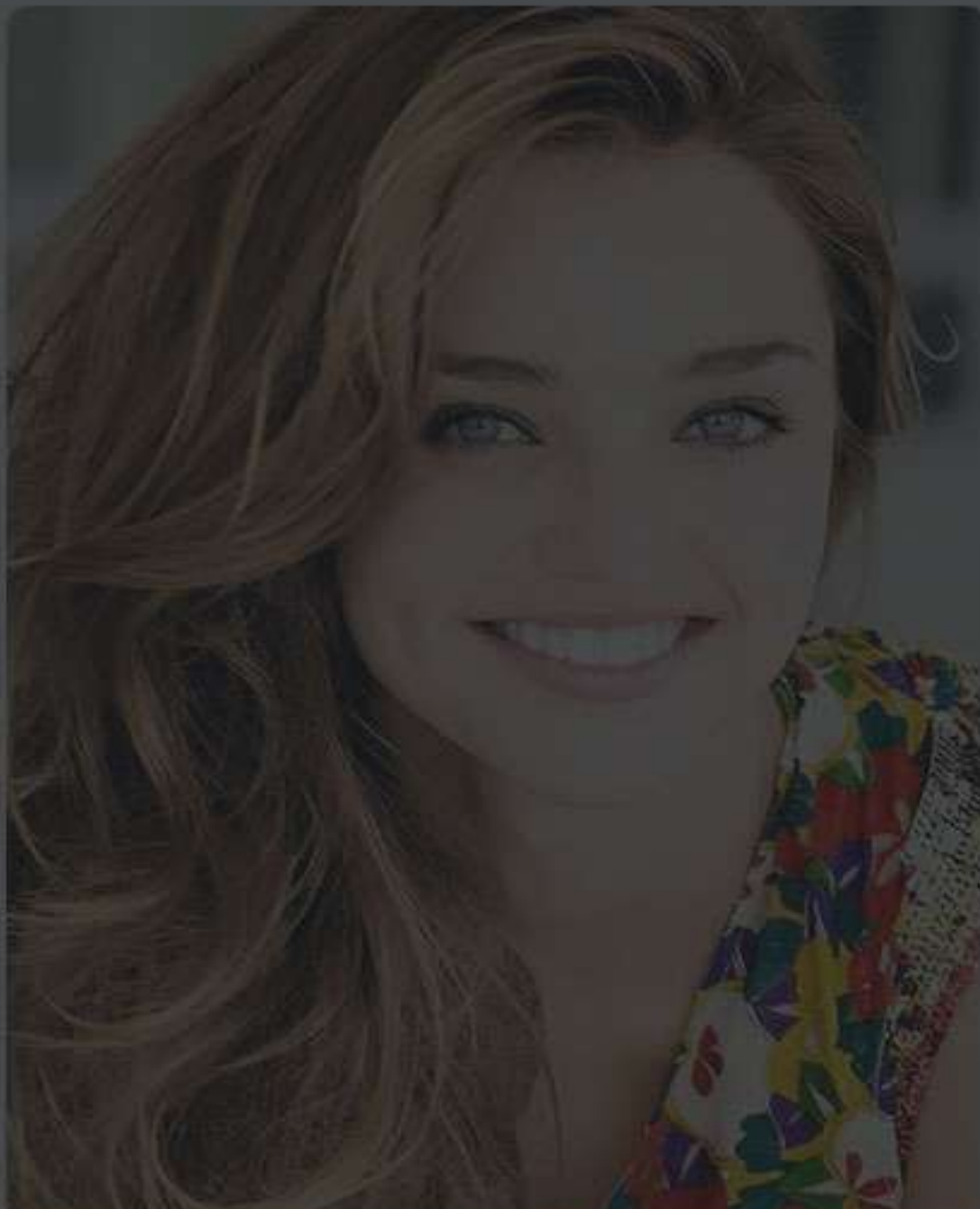


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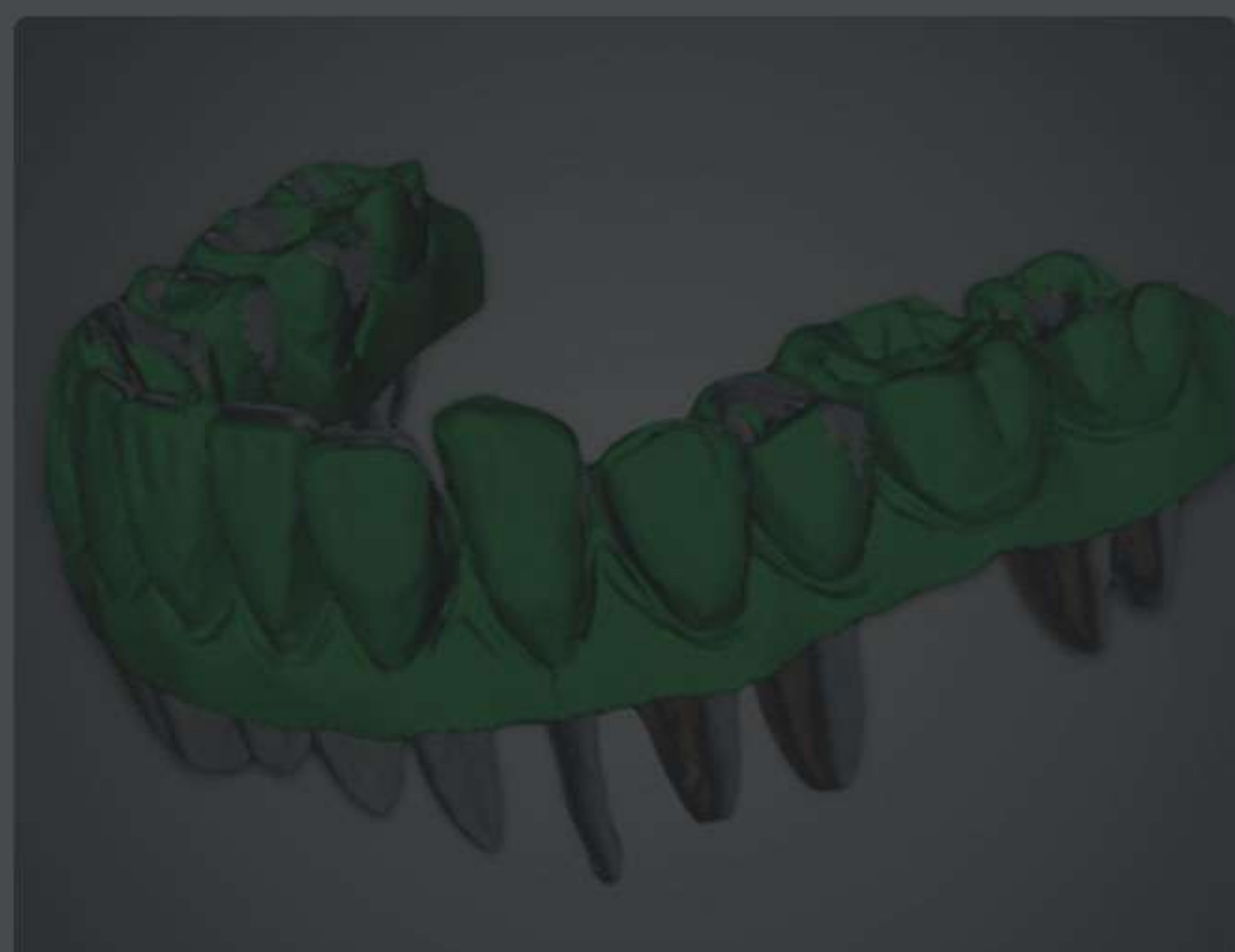


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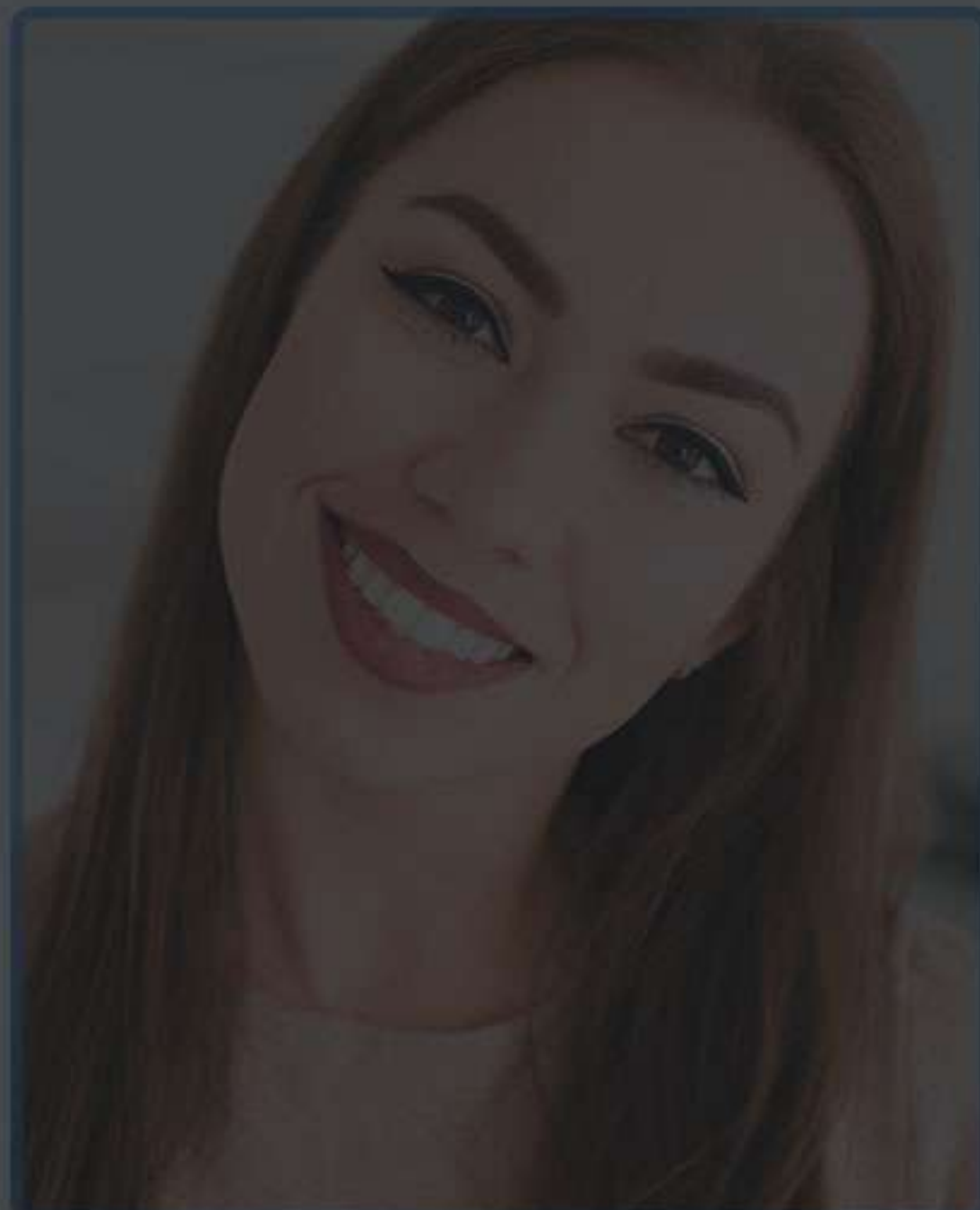


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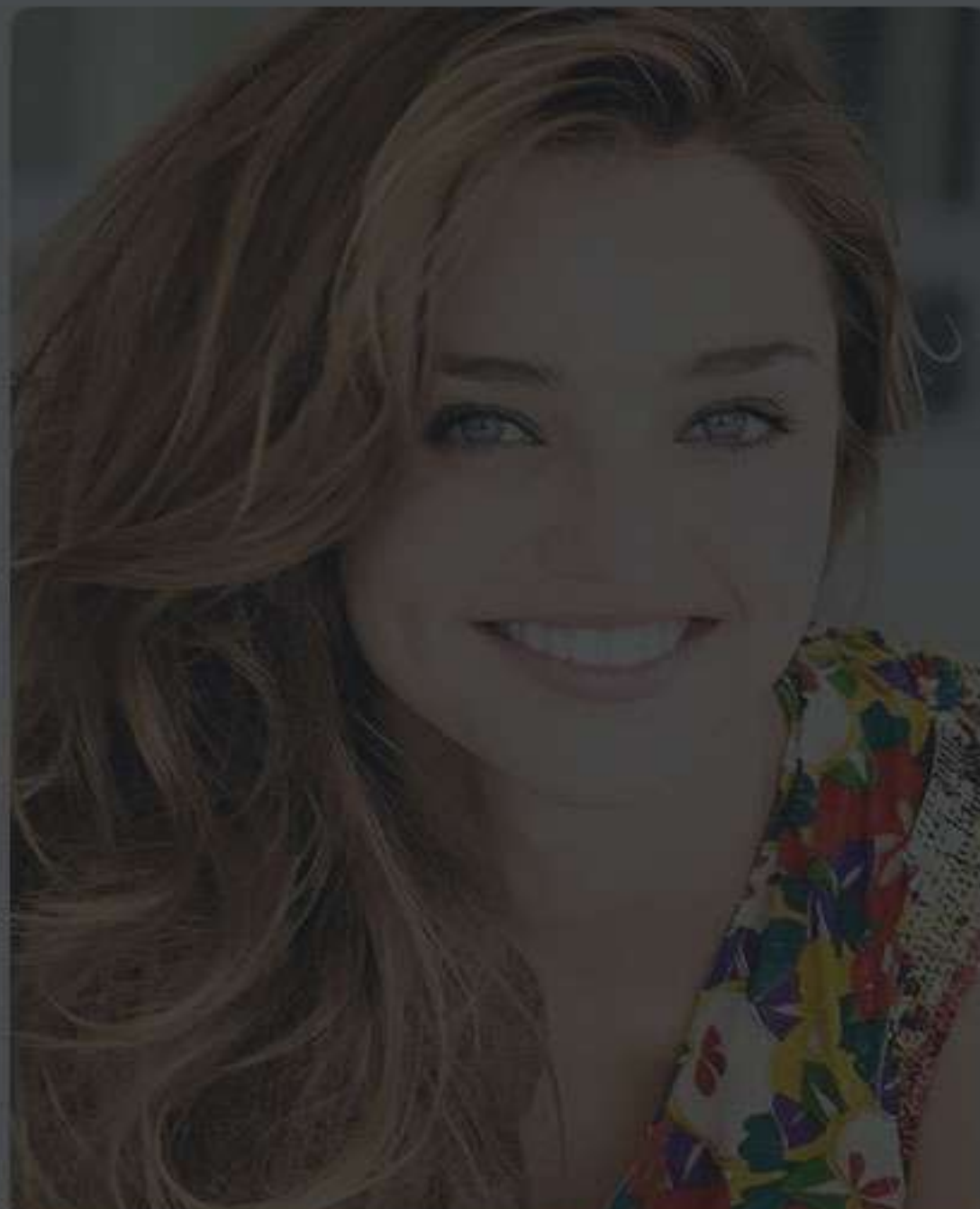


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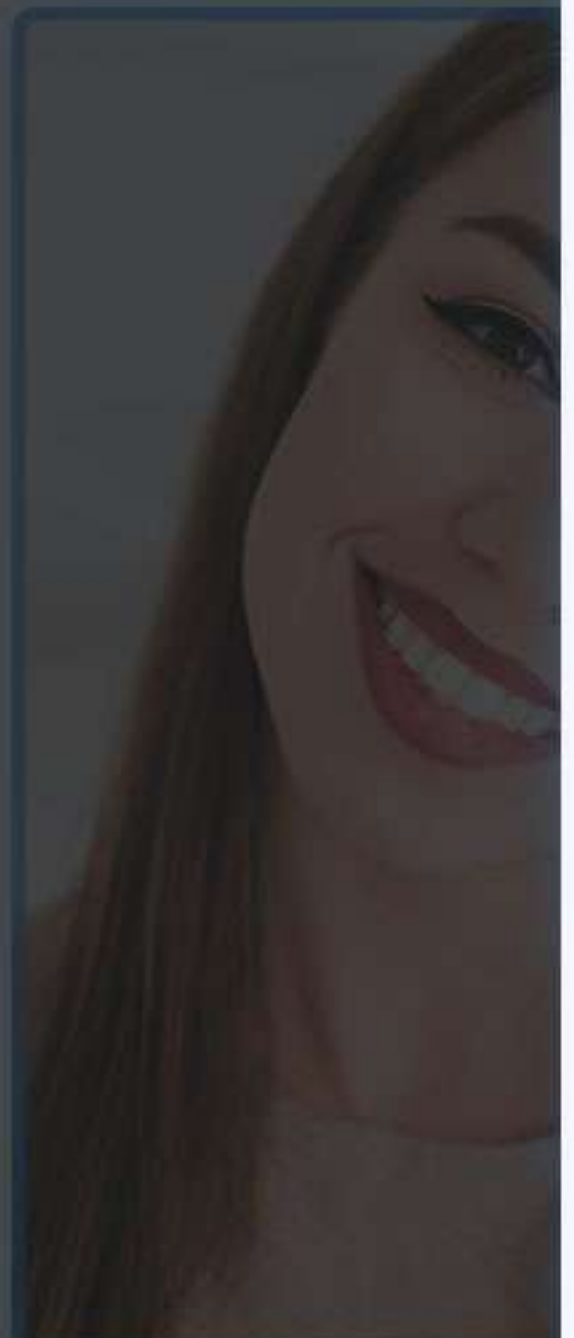


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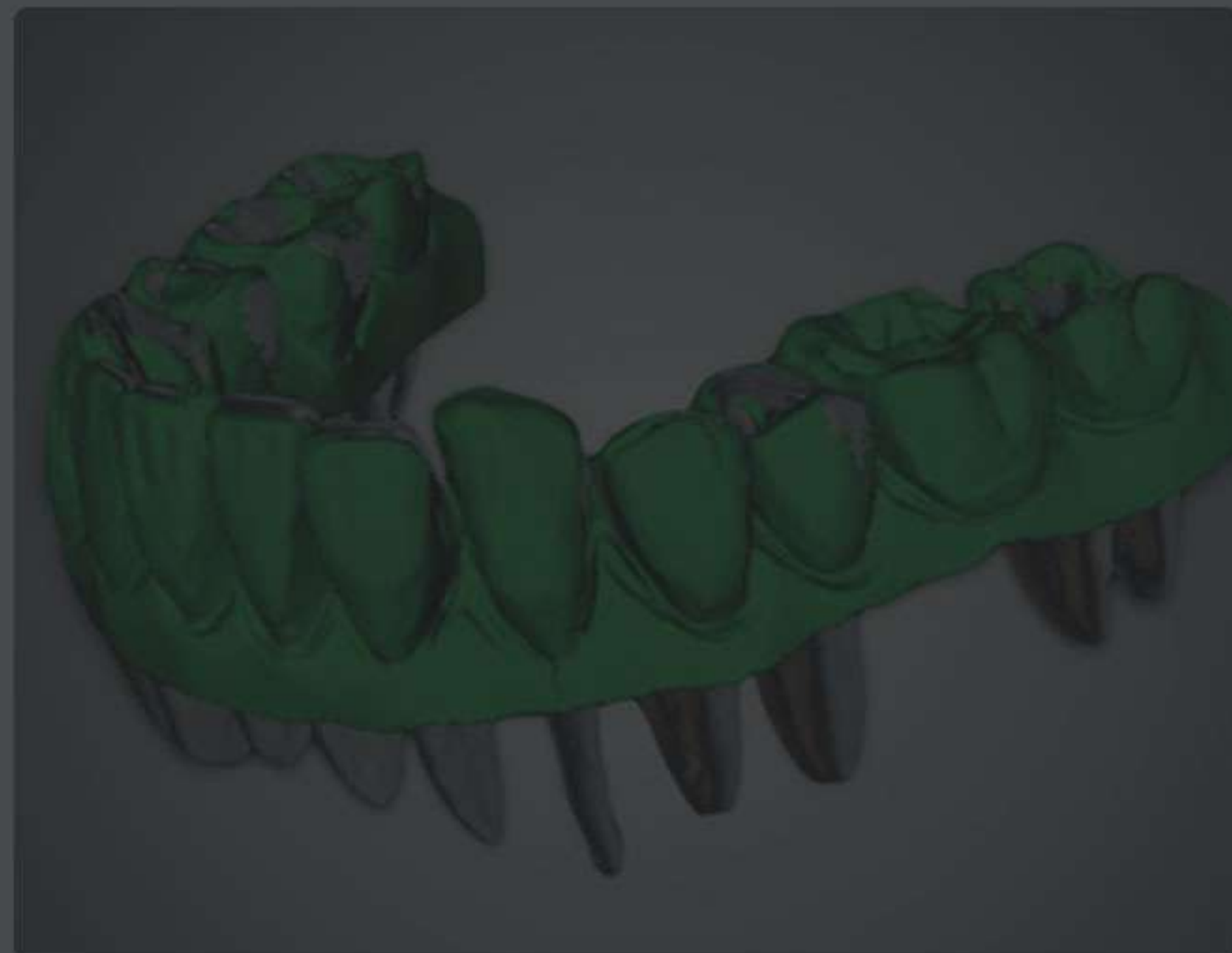


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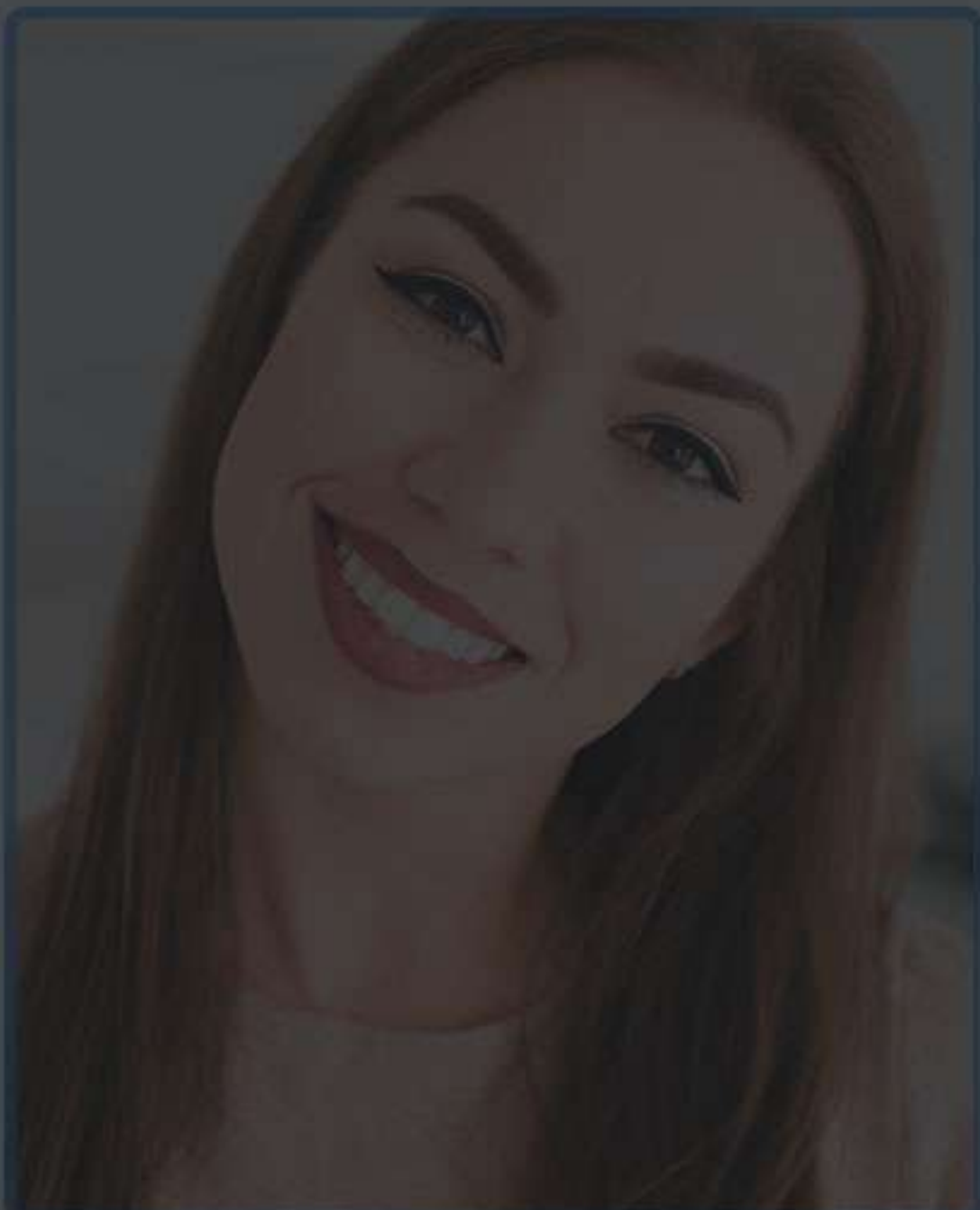


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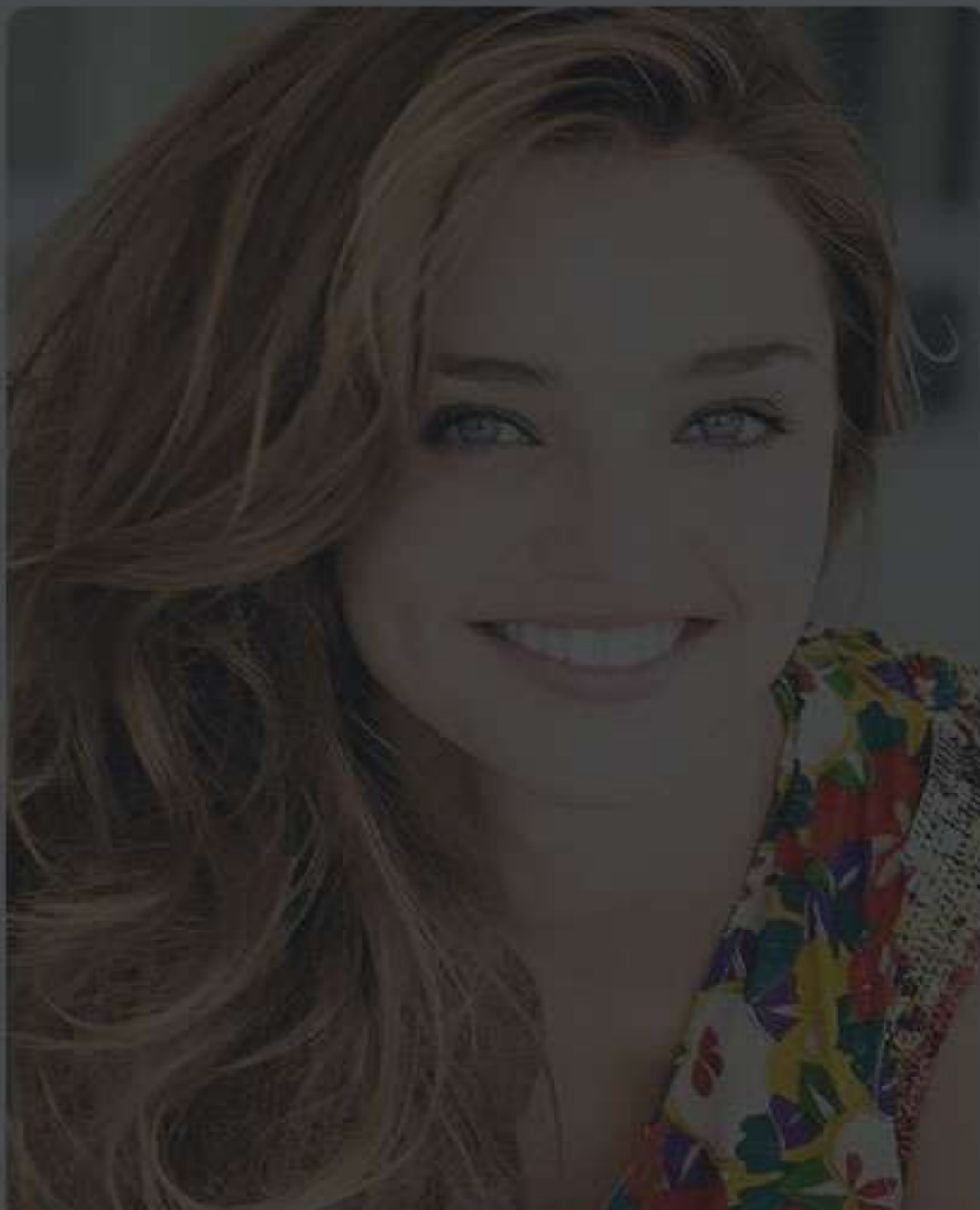


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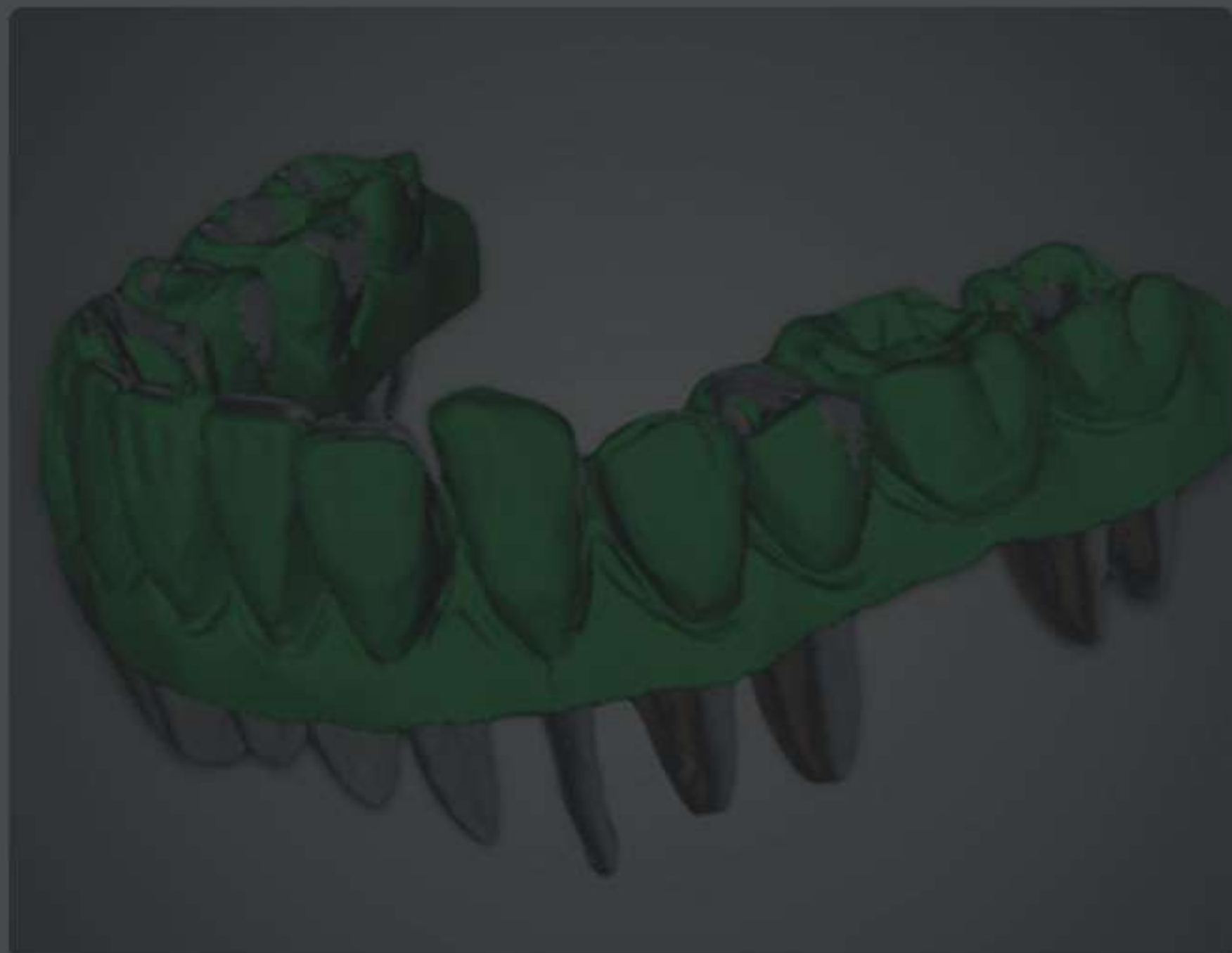


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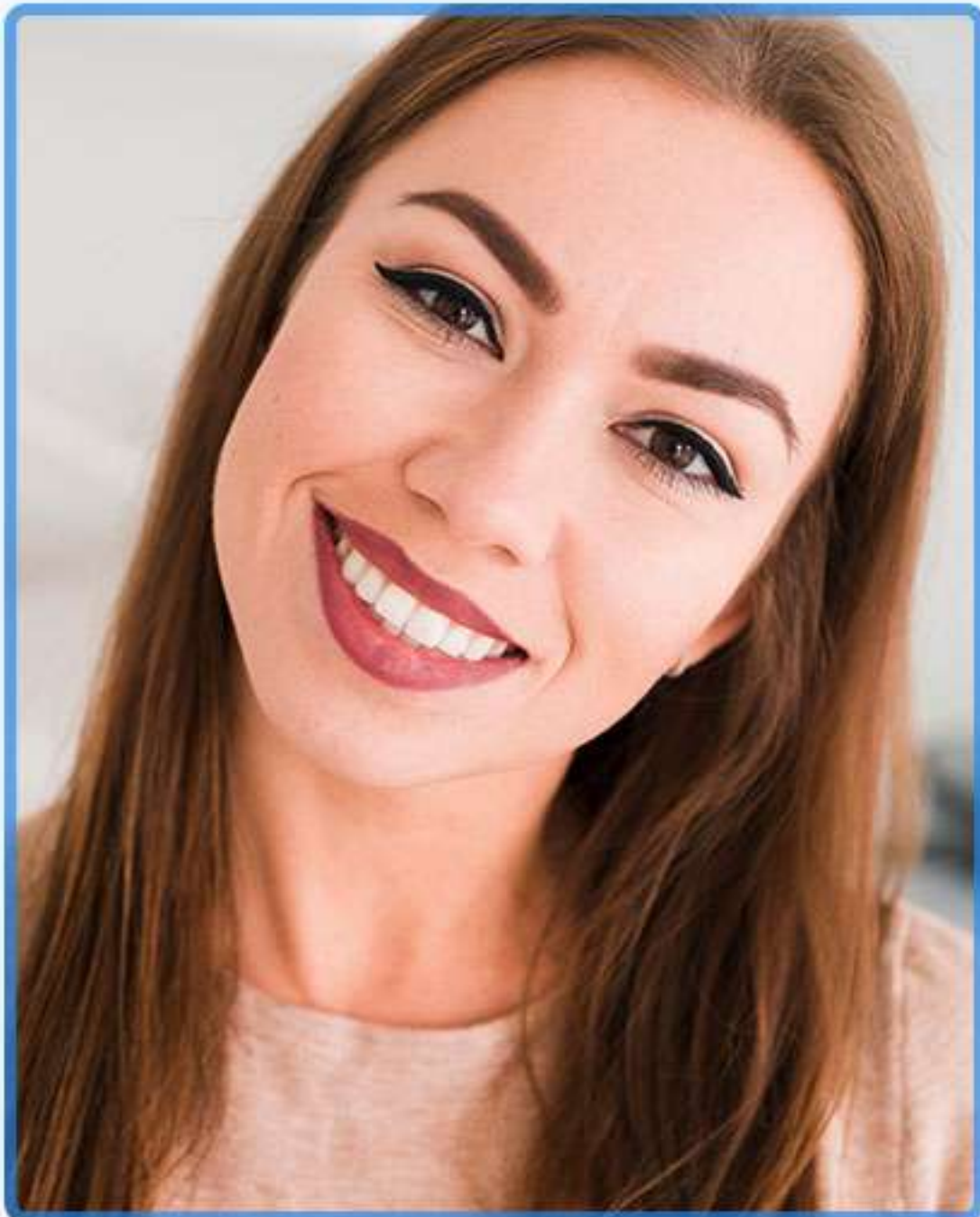


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1 week ago
- You have updated avatar.
1 week ago
- You have updated personal information.
1 week ago
- You have updated personal information.
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- You have updated avatar.

1 week ago
- You have updated personal information.

1 week ago
- You have updated personal information.

1 week ago
- You have updated avatar.

1 week ago
- You have updated personal information.

1 week ago
- You have updated avatar.

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1 week ago

Patient Name

PATIENT MESSAGE

Your account has been created

DOCTOR MESSAGE

Your account has been created

Type your message here



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|----------|--------------------|--------------------|-----------------|------------------------------|
| 1 | 08-04-2020 | \$ 1799.00 | Paid | View Details |
| 2 | 08-04-2020 | \$ 0.00 | Financing | View Details |
| 3 | 08-04-2020 | \$ 0.00 | Financing | View Details |
| 3 | 08-04-2020 | \$ 0.00 | Financing | View Details |
| 5 | 08-04-2020 | \$ 0.00 | Financing | View Details |
| 6 | 08-04-2020 | \$ 1799.00 | Paid | View Details |
| 7 | 08-04-2020 | \$ 0.00 | Financing | View Details |
| 8 | 08-04-2020 | \$ 0.00 | Financing | View Details |
| 9 | 08-04-2020 | \$ 0.00 | Financing | View Details |
| 9 | 08-04-2020 | \$ 0.00 | Financing | View Details |

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| | |
|--------------|-------|
| Order Number | SU-12 |
| Order Date | SU-12 |
| Order Status | SU-12 |
| Order Amount | SU-12 |
| Note | SU-12 |

Shipping Details

| | |
|---------|-------------------------|
| Name | Jhone Doe |
| Phone | +1 (000) 000 0000 |
| Email | jhonedoe@gmail.com |
| Country | United State of America |
| City | Tampa |
| Track | www.track.com/us12 |
| Code | jhoned123 |

Order Details

| Sl No.  | Product  | Qty  | Price  | Total |
|--|---|---|---|-----------|
| 1 | Kit | 1 | \$1799.00 | \$1799.00 |

Action

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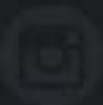
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






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


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