

# Prescription Form

Customer: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Name: \_\_\_\_\_

## Primary Concern

- Crowding
- Spacing
- Class II
- Class III
- Open Bite
- Deep Bite
- Anterior Cross Bite
- Posterior Cross Bite
- Narrow Arch
- Overjet

## Case Properties

**Number of Aligners:** According to Set-Up

**Impressions:**

**Arches to Treat:**

- Digital Impression (STL file)
- Silicon
- Both Arches
- Upper Only
- Lower Only

**Pictures to send:** 5 Intraoral Images - 3 Patient's Images

**XRay Material (if possible):** CBCT - Orthopantomax and/or Lateral XRay (LL)

**Movements Specifications:**  None  3-3 Only  5-5 Only

**Retainers to be sent with Case** (1 SET included):

- 1 EXTRA SET (optional)
- 2 EXTRA SETS (optional)

**Aligners Coverage:** Front, to the Collar - Posterior, Straight cut to the Collar, if possible

## Archform Design

**Midline:**

- Optimize
- Maintain

patient side:

- Changer Upper Toward:
- Right
- Left
- Changer Lower Toward:
- Right
- Left

**Smile Arch :** Recommended by the Team According to the Case

## Crowding Solution Options

- By Proinclination:**
- No
- Recommended by the Team
- Mainly
- Posteriors Expansion:**
- No
- Recommended by the Team
- Mainly
- IPR:**
- No
- Recommended by the Team
- Mainly

# Prescription Form

## Sagittal Relationship

### OverJet

Optimize with IPR

## Vertical Relationship

### OverBite

Optimize:  Anteriors Intrusion Only  
 Anteriors Intrusion + Posteriors Extrusion

## Trasversal Relationship

### CrossBite

Fix:  Yes  
 No

## Treatment Specification

**IPR Prescription:**  No IPR  Recommended by the Team  Do all IPR at one time

### When to do it:

If needed before Aligner One  If needed at Aligner Two  When contact points become accessible

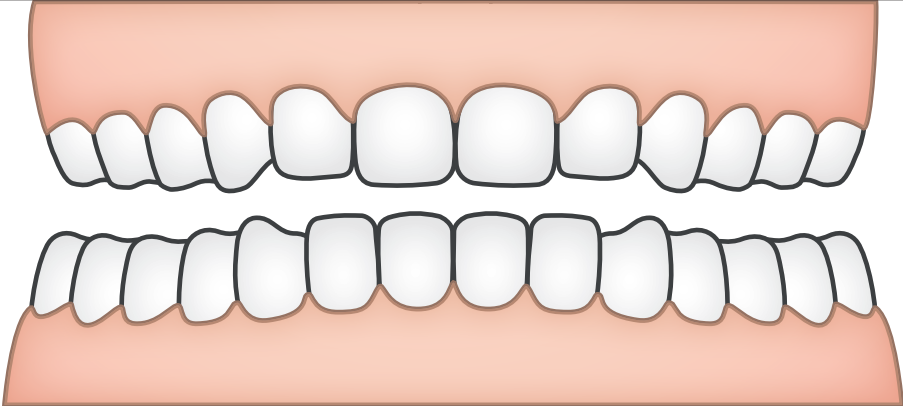
### Where to do it:

IPR on Anteriors if Needed  IPR on Anteriors and Posteriors

### Attachments:

Recommended by the Team  No Attachment

Indicate the Presence of Restorations, Implants, Bridges by filling the below chart:

RIGHT

LEFT

Place Letter of Instruction on Teeth

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A Do Not Move   
 B Move as Group   
 C No IPR   
 D Extraction   
 E Restorations   
 F Implants   
 G Bridges   
 H Devitalization

## Doctor Notes

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