



Patient's Name _____, _____ Sex _____ Age _____
last first

Doctor's Name _____, _____ Phone Number _____ E-mail _____
last first

Hospital/Clinic _____ Address _____

Arch to Treat: Both Upper Only Lower Only

Dentition: Permanent Mixed Primary

Crown @ _____ Bridge @ _____ Missing tooth @ _____
 Primary tooth @ _____ Impacted tooth @ _____
 Implant @ _____ Supernumerary tooth @ _____

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Tooth movement restrictions:
 Do not move the following teeth _____
 Do not install enhancers on the following teeth _____

Anterior-Posterior Relationship

Left Class I Class II Class III Maintain Correct

Right Class I Class II Class III Maintain Correct

Midline

Upper To the left _____ mm To the right _____ mm Maintain Correct

Lower To the left _____ mm To the right _____ mm Maintain Correct

Overjet

Normal Overjet _____ mm Crossbite _____ mm Maintain Correct

Overbite

Normal Overbite _____ mm Open bite _____ mm Maintain Correct

Facial

Normal Upper protrude Upper intrude Maintain Correct

Lower protrude Lower intrude Maintain Correct

Crowding and Spaces

Upper Arch Crowding _____ mm Expansion Procline IPR Extraction Molar distal movement
 Spaces _____ mm Retraction Incline Molar mesial movement Leave space @ _____ for restoration

Lower Arch Crowding _____ mm Expansion Procline IPR Extraction Molar distal movement
 Spaces _____ mm Retraction Incline Molar mesial movement Leave space @ _____ for restoration

Is IPR acceptable? on 3-3 on 5-5 other _____

If spaces cannot be completely closed, leave the space at Distal side of 3 Mesial side of 5 Other _____

Planned extraction: _____

Oral Hygiene _____

Periodontal condition: _____

Are integrated functional devices acceptable? Yes No

Is combinational treatment (brackets & aligners) acceptable? Yes No

Chief complaints and treatment plan: