

Name Last, First, Middle _____

Gender: ☐ Female ☐ Male Date of Birth (mm/dd/yyyy) _____

Arch to Treat: ☐ Both ☐ Upper ☐ Lower

Final Class Desired

Molar Relationship R ☐ I ☐ II ☐ III L ☐ I ☐ II ☐ III

Cuspid Relationship R ☐ I ☐ II ☐ III L ☐ I ☐ II ☐ III

Extraction (check all that apply)

Upper ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16
 Lower ☐ 32 ☐ 31 ☐ 30 ☐ 29 ☐ 28 ☐ 27 ☐ 26 ☐ 25
☐ 24 ☐ 23 ☐ 22 ☐ 21 ☐ 20 ☐ 19 ☐ 18 ☐ 17

Tooth Eruption, Bridge or Implant

(Check and indicate width in mm)

Upper ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16

 Lower ☐ 32 ☐ 31 ☐ 30 ☐ 29 ☐ 28 ☐ 27 ☐ 26 ☐ 25

☐ 24 ☐ 23 ☐ 22 ☐ 21 ☐ 20 ☐ 19 ☐ 18 ☐ 17

Attachments

☐ Place attachments as needed

☐ Do not place attachments on these teeth (check all that apply)

Upper	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
Lower	<input type="checkbox"/> 32	<input type="checkbox"/> 31	<input type="checkbox"/> 30	<input type="checkbox"/> 29	<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 26	<input type="checkbox"/> 25
	<input type="checkbox"/> 24	<input type="checkbox"/> 23	<input type="checkbox"/> 22	<input type="checkbox"/> 21	<input type="checkbox"/> 20	<input type="checkbox"/> 19	<input type="checkbox"/> 18	<input type="checkbox"/> 17

Midline

☐ Show resulting midline after alignment

☐ Maintain initial midline (may require I(PR)

☐ Improve midline with IPR

Upper ☐ To Patient's right ☐ To Patients left

Lower ☐ To Patient's right ☐ To Patients left

Posterior Crossbite

☐ Do not correct Posterior Crossbite

☐ Correct Posterior Crossbite

Spacing and Crowding (Arch Length Discrepancy)

Spacing:

☐ Close all spaces

☐ Leave specific spaces (ex. For restoration)

Crowding:

Resolve Upper

Expand	<input type="checkbox"/> Primarily	<input type="checkbox"/> As Needed	<input type="checkbox"/> None
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Procline	<input type="checkbox"/> Primarily	<input type="checkbox"/> As Needed	<input type="checkbox"/> None
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IPR

Anterior	<input type="checkbox"/> Primarily	<input type="checkbox"/> As Needed	<input type="checkbox"/> None
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Posterior R	<input type="checkbox"/> Primarily	<input type="checkbox"/> As Needed	<input type="checkbox"/> None
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Posterior L	<input type="checkbox"/> Primarily	<input type="checkbox"/> As Needed	<input type="checkbox"/> None
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Resolve Lower

Expand	<input type="checkbox"/> Primarily	<input type="checkbox"/> As Needed	<input type="checkbox"/> None
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Procline	<input type="checkbox"/> Primarily	<input type="checkbox"/> As Needed	<input type="checkbox"/> None
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IPR

Anterior	<input type="checkbox"/> Primarily	<input type="checkbox"/> As Needed	<input type="checkbox"/> None
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Posterior R	<input type="checkbox"/> Primarily	<input type="checkbox"/> As Needed	<input type="checkbox"/> None
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Posterior L	<input type="checkbox"/> Primarily	<input type="checkbox"/> As Needed	<input type="checkbox"/> None
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Additional Notes:

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