



Case Details (All fields are mandatory)

Patient Details:

Name:

Age:

Gender:

Date of Birth:

Dental Office Address:

Dental History:

a. Prosthodontic Treatment

☐

b. Periodontal Treatment

☐

c. Endodontic Treatment

☐

e. Restoration

☐

f. Extractions

☐

g. Surgical Treatment

☐

h. Orthodontic Treatment

☐

Medical history:

Current Medications:

Intra oral photographs:

Frontal

Right Lateral

Left Lateral

Upper Occlusal (Flipped)

Lower Occlusal (Flipped)

Extra oral Photographs:

Frontal at rest

Frontal smiling

Profile

OPG:

Lat Ceph:

OPG to check: 3rd molar status, Mesio-Distal angulation of teeth, Presence of Crown / Bridge prosthesis, Implant prosthesis, Root Resorption, Impacted/ Over-retained teeth, presence of any apical lesions.

Lat Ceph. to check: Skeletal base relation and Incisor inclination.

Diagnostic Data

1. Chief Complaint:

2. Upper Midline:

Centred

☐

Shifted Right: -----

Shifted Left: -----

3. Lower Midline:

Centred

☐

Shifted Right: -----

Shifted Left: -----

4. Canine Relationship:

Right: Class I ☐ II ☐ End-On ☐ III ☐

Left: Class I ☐ II ☐ End-On ☐ III ☐

5. Molar Relationship:

Right: Class I ☐ II ☐ End-On ☐ III ☐

Left: Class I ○ II ○ End-On ○ III ○

6. Please Mark:

Missing- M, Fixed-F, Implant-I

The diagram illustrates the numbering systems for the upper and lower dental arches, divided into Right and Left sides. The teeth are numbered 1 through 8 from the midline (center) outwards.

- Upper Arch (I and II):**
 - Right Side (I):** Teeth are numbered 8, 7, 6, 5, 4, 3, 2, 1 from the back to the front.
 - Left Side (II):** Teeth are numbered 1, 2, 3, 4, 5, 6, 7, 8 from the front to the back.
- Lower Arch (III and IV):**
 - Right Side (IV):** Teeth are numbered 8, 7, 6, 5, 4, 3, 2, 1 from the back to the front.
 - Left Side (III):** Teeth are numbered 1, 2, 3, 4, 5, 6, 7, 8 from the front to the back.

The diagram uses a color-coded system to identify the tooth types: Incisors (I) are white, Canines (C) are yellow, Premolars (P) are light blue, and Molars (M) are dark blue. The numbering is consistent across all four quadrants.

Not Applicable : ☐

7. Treat Arches:

Upper: ☐

Lower: ☐

Both: ☐

Diagnostic Specifics (Treatment Expectations)

Please fill the circle applicable

1. Molar Relationship

Right: Maintain Position ☐ Finalise Class: Class I ☐ II ☐ End-On ☐ III ☐
 Left: Maintain Position ☐ Finalise Class: Class I ☐ II ☐ End-On ☐ III ☐

2. Canine Relationship

Right: Maintain Position ☐ Finalise Class: Class I ☐ II ☐ End-On ☐ III ☐
 Left: Maintain Position ☐ Finalise Class: Class I ☐ II ☐ End-On ☐ III ☐

3. Midline

Align midlines ☐ As Indicated: -----
 Maintain ☐

4. Overbite Distance

Maintain ☐ As Indicated: -----
 Ideal (1mm - 3 mm) ☐
 More than 3 mm ☐

5. OverJet Distance

Maintain ☐ As Indicated: -----
 Ideal (1mm - 3 mm) ☐

6. Open Bite

Anterior: Maintain ☐
Posterior: Maintain ☐
Not Applicable ☐

As Indicated: _____

As Indicated: _____

7. Cross Bite

Anterior: Maintain ☐
Posterior: Maintain ☐
Not Applicable ☐

As Indicated: _____

As Indicated: _____

8. Arch Form

Patient's natural ☐

As Specified: _____

(Attach additional images)

9. Levelling of Upper Anterior's

Laterals (0.5mm shorter than centrals) ☐
Level incisal edge ☐
Level Incisal margins ☐

Level margins as Indicated: _____

10. Archwidth

Maintain(0-3mm) ☐

As Indicated: _____

11. Interproximal Reduction

No IPR ☐
As needed ☐
(based on the software)

As indicated: _____

12. Spaces

Close All Spaces



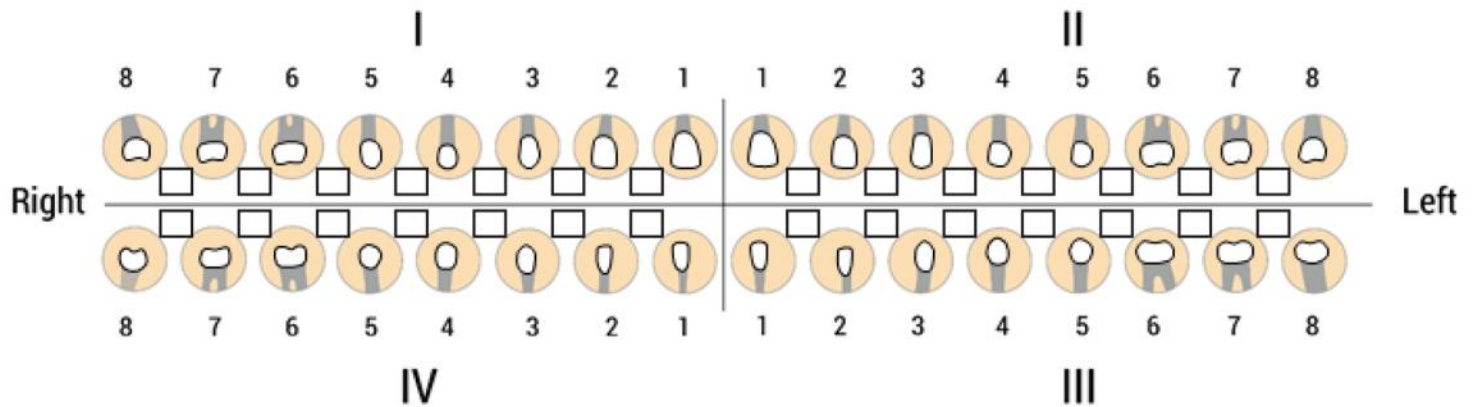
Not Applicable



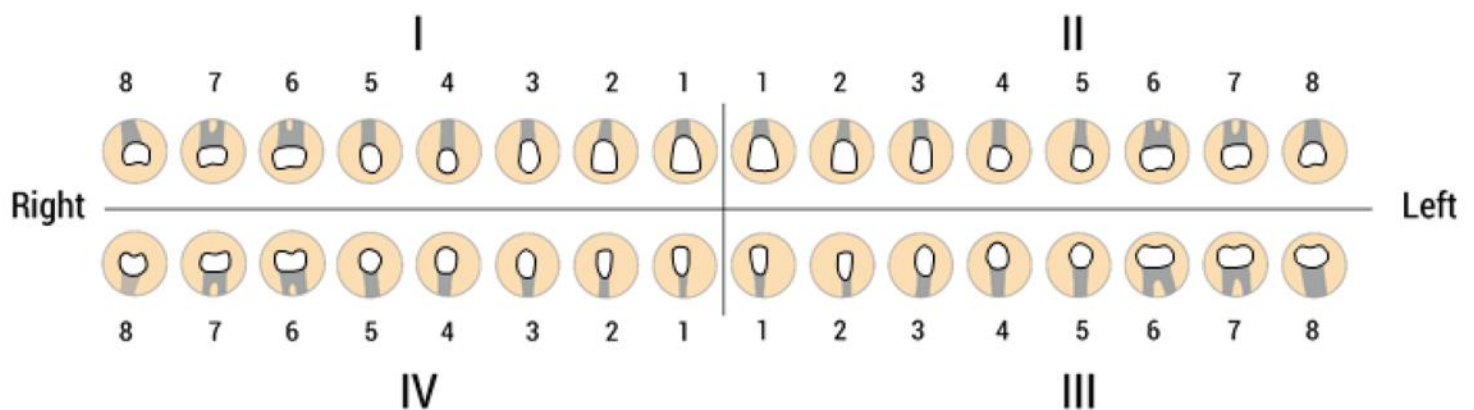
As Indicated:_____

Other Instructions

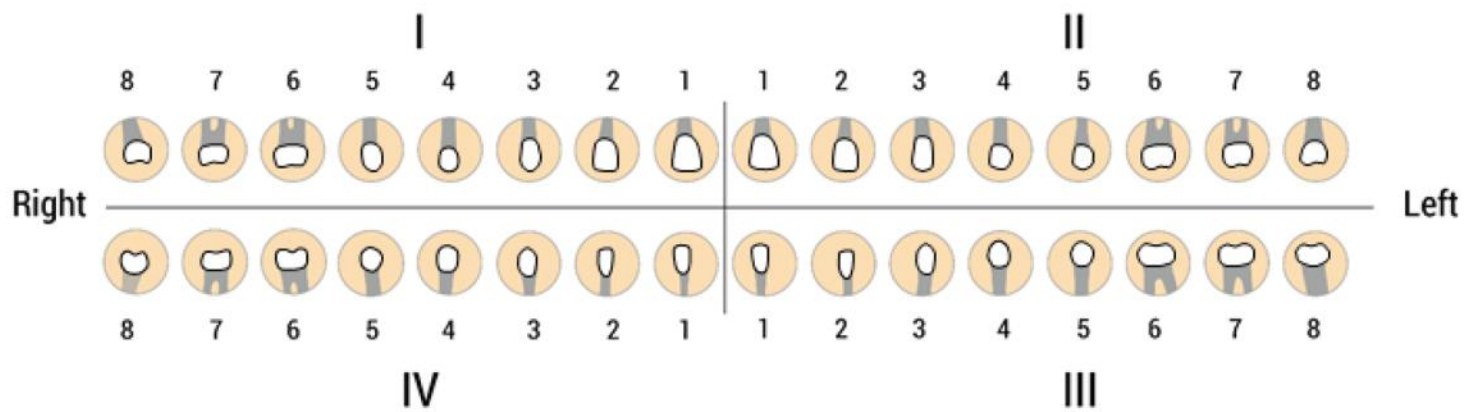
a. Leave these spaces open (Kindly colour the indicated teeth)



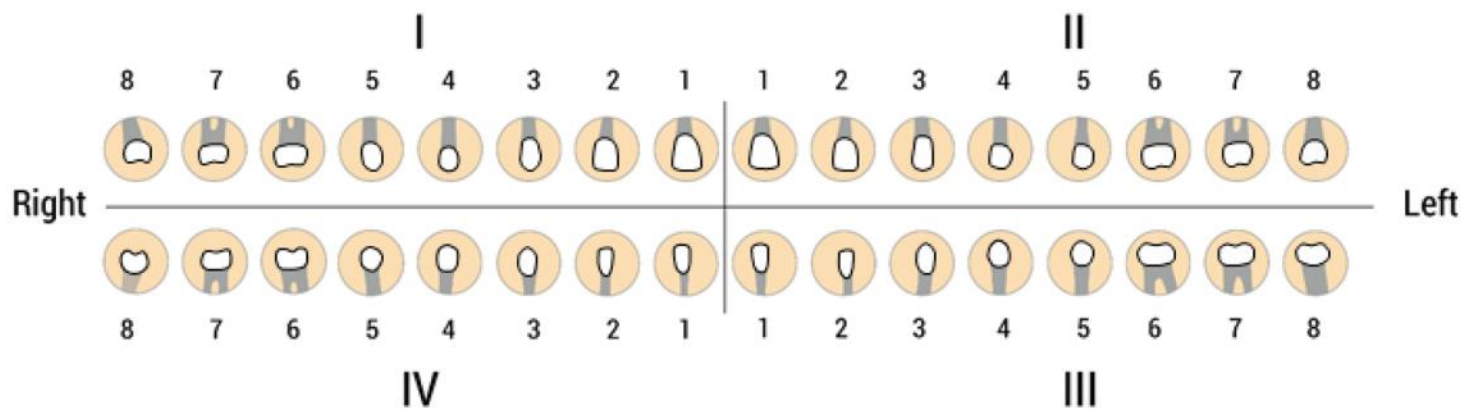
b. Do not move these teeth (Kindly colour the indicated teeth)



c. I will extract these teeth before treatment (Kindly colour the indicated teeth)



d. Avoid flash guides on these teeth



Special Instructions
