orthoalign

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:

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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 ◯

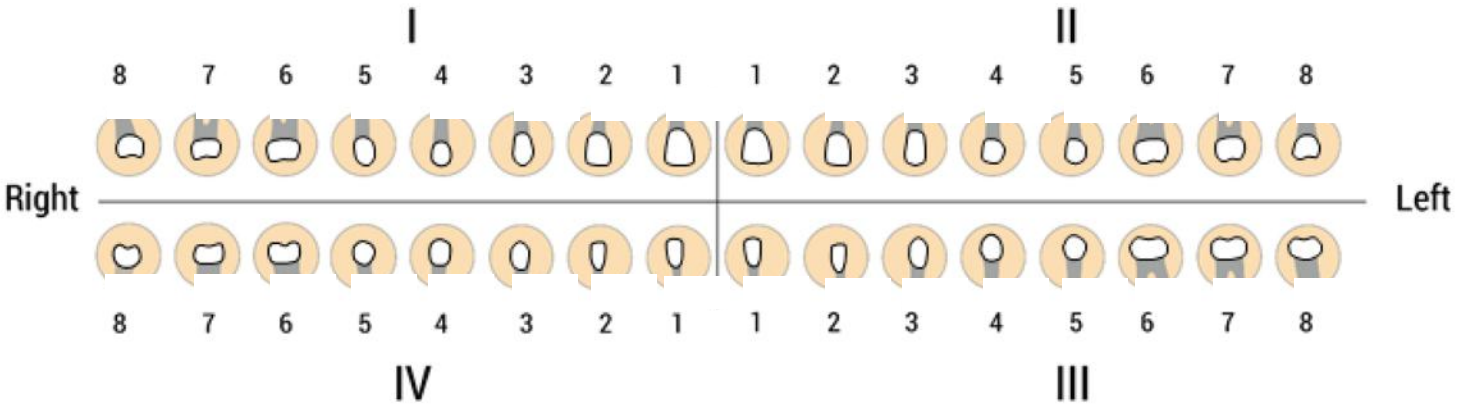
5. Molar Relationship:

Right: Class I ◯ II ◯ End-On ◯ III ◯

Left: Class I ◯ II ◯ End-On ◯ III ◯

6. Please Mark:

Missing- M, Fixed-F, Implant-I



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 ◯

Maintain ◯

As Indicated: ----------

4. Overbite Distance

Maintain ◯

Ideal (1mm - 3 mm) ◯

More than 3 mm ◯

As Indicated: ----------

5. OverJet Distance

Maintain ◯

Ideal (1mm - 3 mm) ◯

As Indicated: ----------

6. Open Bite

Anterior: Maintain ◯ As Indicated: ----------

Posterior: Maintain ◯ As Indicated: ----------

Not Applicable ◯

7. Cross Bite

Anterior: Maintain ◯ As Indicated: ----------

Posterior: Maintain ◯ As Indicated: ----------

Not Applicable ◯

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 ◯ As indicated: ----------

(based on the software)

12. Spaces

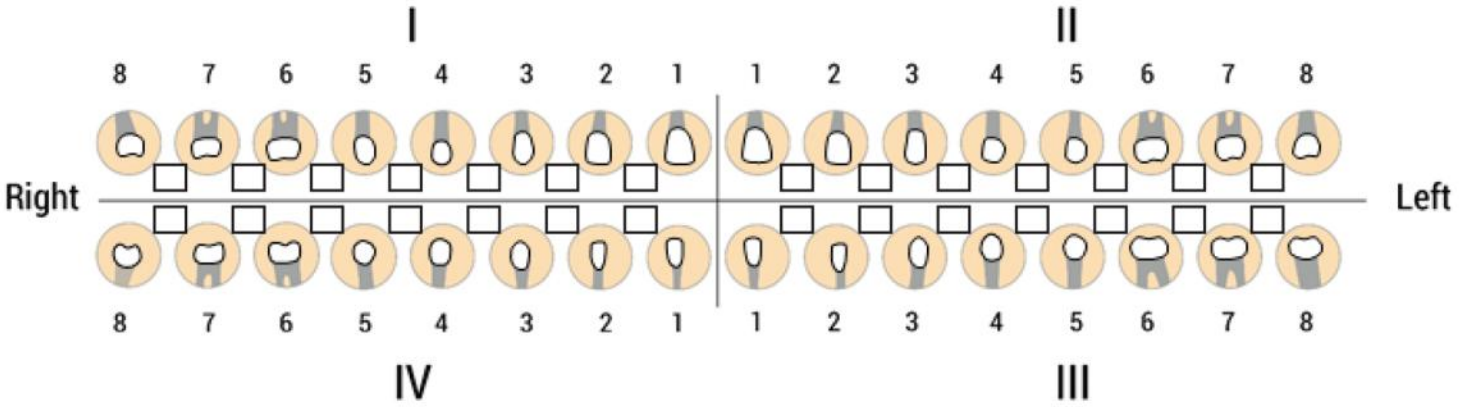
Close All Spaces ◯

Not Applicable ◯

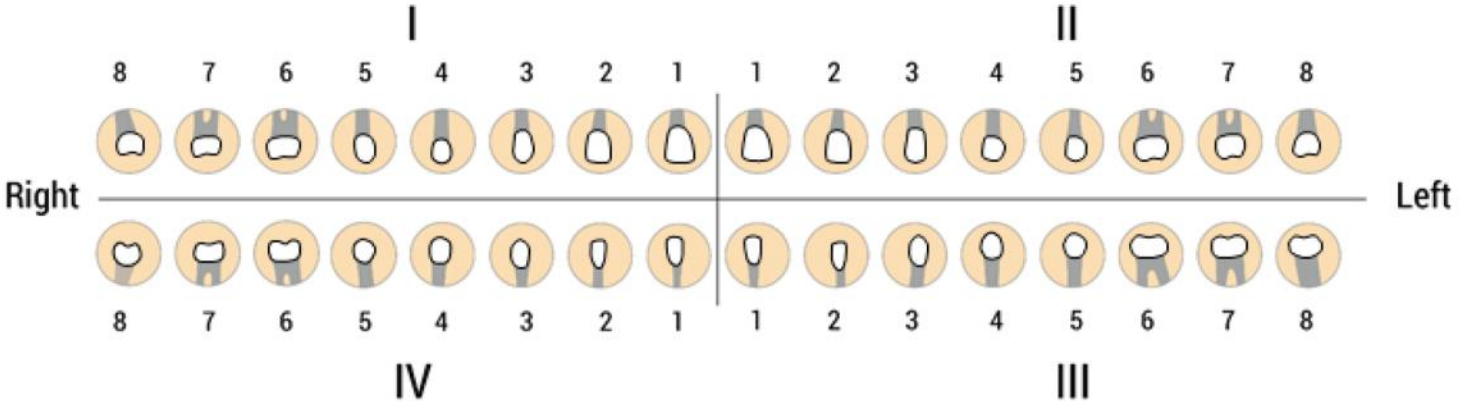
As Indicated:_____

Other Instructions

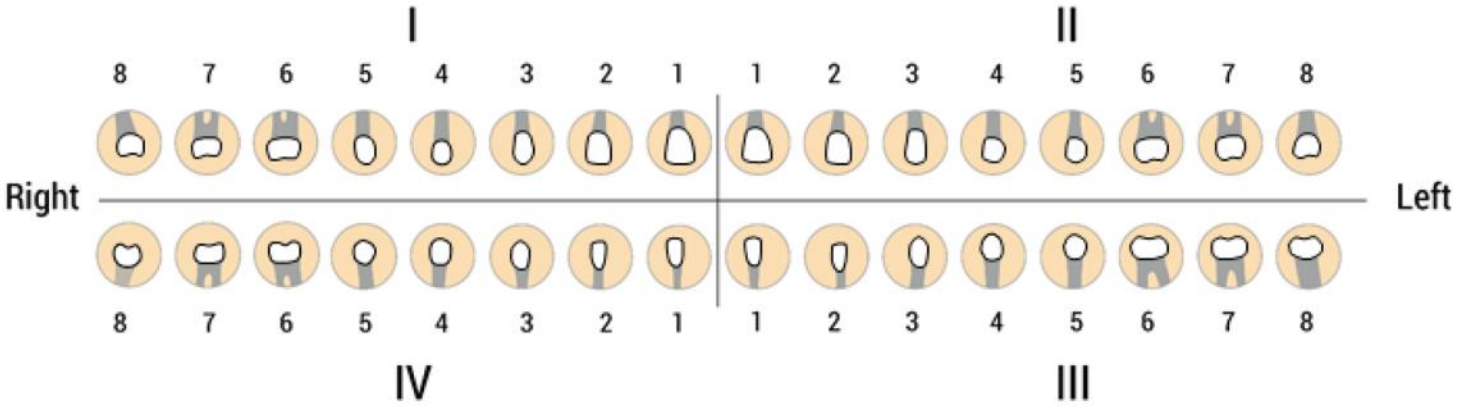
a. Leave these sapces open (Kindly colour the indicated teeth)



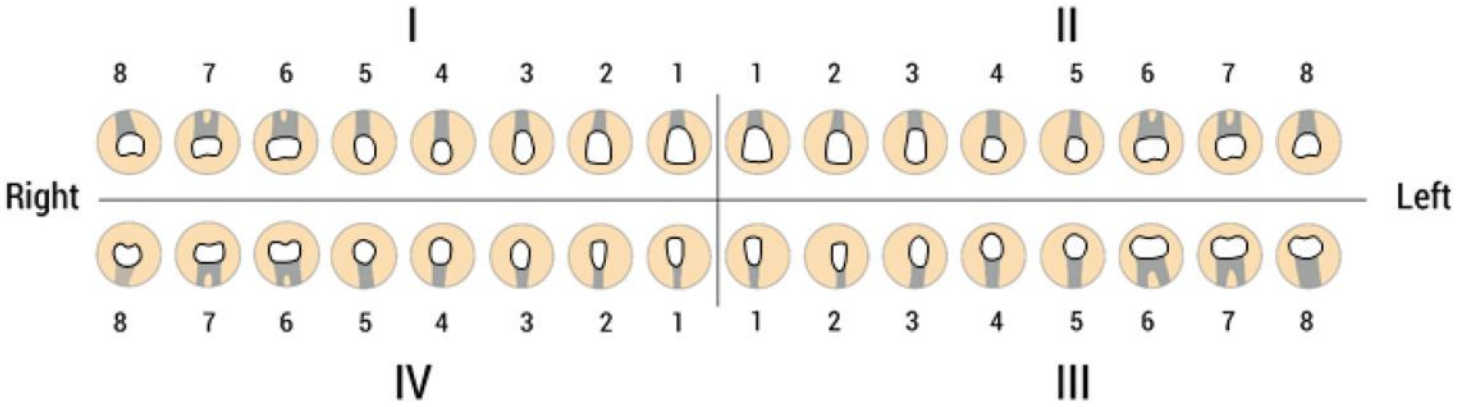
b. Do not move these teeth (Kindly colour the indicated teeth)



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



d. Avoid flash guides on these teeth



Special Instructions
