Rx FOR CLEAR ALIGNER DESIGN

GENERAL INFORMATION:

Doctor:_____

Patient:_____

TREATMENT SPECIFICATION

Do you want to align the treatment from ☐ 3-3 (anterior only)
(molar movements are not allowed) ☐ 5-5 (2nd premolar to 2nd premolar)

Treatment
(see below for details)
☐ Upper Esthetic Treatment
☐ Lower Esthetic Treatment

Allow IPR
☐ Yes
☐ No

Allow Attachments
☐ Yes
☐ No

Midline
(mark only if needed)

Midlines. Do you want to? ☐ Improve ☐ Maintain

Maintain ☐ Upper
☐ Lower

Move ☐ Upper ☐ Left ☐ Right
☐ Lower ☐ Left ☐ Right

ANTERIOR POSTERIOR RELATION

Maintain ☐ Upper ☐ Lower

Improve Canine Relationship Only ☐ Left ☐ Right

ANTERIOR POSTERIOR RELATION

How do you want to level the anterior teeth?
☐ Incisal edges
☐ Gingival margins

OVERJET & OVERBITE

Overjet
☐ Maintain
☐ Improve

Overjet
☐ Maintain
☐ Improve

TOOTH SIZE DISCREPANCY

IPR in Opposite Arch ☐

Leave Spaces Open
☐ Distal to Laterals
☐ Distal to Canines

ADDITIONAL COMMENTS