

Pre-submission worksheet

For in-office use only - do not submit this form

This optional worksheet can be used to prepare for submitting a case at dr.clearcorrect.com

Basic Information

Date ____ / ____ / ____

Doctor's name _____

Patient's name _____

Patient's gender Male Female Patient's date of birth ____ / ____ / ____

Duration Recommended Limit to ____ steps Wear schedule 1 Week 10 Days 2 Weeks 3 Weeks

Treat Arches Upper Arch Lower Arch Dentition Type Permanent Mixed Dentition (aesthetic approach not applicable)

Chief Complaint

Treatment Approach

Aesthetic

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Improve overjet | <input type="checkbox"/> No IPR | <input type="checkbox"/> Level to the gingival margin | <input type="checkbox"/> Maintain existing midlines |
| <input type="checkbox"/> Improve Overbite | <input type="checkbox"/> No engagers | <input type="checkbox"/> Improve upper midline only | |
| | <input type="checkbox"/> Do not move pre-molars | <input type="checkbox"/> Improve lower midline only | |

Full Arch Correction

Molar Relationship

Right Maintain Correct

Left Maintain Correct

Canine Relationship

Right Maintain Correct

Left Maintain Correct

Class I

- Include cutouts and slits for elastics
- Plan for extraction
- Plan for surgical case

Class II

- Include cutouts and slits for elastics
- Plan for extraction
- Plan for surgical case
- Include posterior IPR

Class III

- Include cutouts and slits for elastics
- Plan for extraction
- Plan for surgical case

Dental Conditions (Optional)

Spacing

- Distribute spacing for restorative work

Crossbite

- Do not correct posterior crossbite
- Plan for surgical case
- Include posterior bite ramps

Deep Bite

- Intrude lower anterior only
- Maintain Curve of Spee
- Include posterior bite ramps
- Include anterior bite ramps

Crowding

- No IPR
- No arch expansion
- Posterior distalization
- Plan for extraction

Open Bite

- Include cutouts and slits for elastics
- Plan for extraction
- Plan for surgical case

Upper midline Maintain Improve Correct (left / right) _____ mm

Lower midline Maintain Improve Correct (left / right) _____ mm

Case # _____

Instructions

Do not move these teeth (bridges, ankylosed teeth, etc.)

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

I will extract these teeth before treatment

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

Avoid engagers on these teeth (facial restorations, etc.)

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

Leave these spaces open

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

Additional Instructions