



Clearcorrect A Straumann Group Brand

Onboarding Guide

Table of Contents

1. Introducing Clearcorrect Aligners In Your Practice

Setting Up Your Practice	 3
Preparing Your Team	
Marketing Your Aligner Practice	 -
Converting Patients in Your Practice	 8
2. Treatment at a Glance	
Overall Treatment Process Overview	 9
3. Initial Appointment	
Patient Journey: Education and Conversion	 10
Collecting Records	 18
4. Case Creation and Approval	
Case Selection	 2
Process for Creating an Order/Case	 2!
Setting Up Your Treatment Preferences	 28
Reviewing and Approving the Treatment Setup	 3
Selecting Your Treatment Option	 33
5. During Treatment	
Delivering Aligners	 34
Checkup Appointments	 36
Placing Engagers	 37
Performing IPR	 39
Submitting for a Revision	 42
Troubleshooting	 43
6. Finalizing Treatment and Retention	
Understanding Retention	 47
Types of Retainers	 47
Requesting Retainers	 49

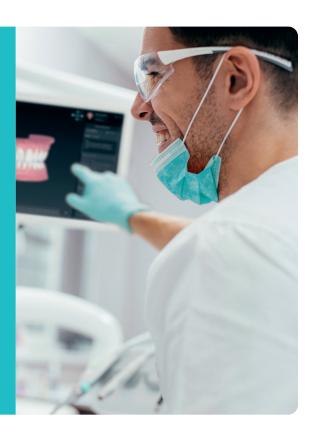


Introducing ClearCorrect Aligners in Your Practice

Setting up your practice

Here is a short checklist of actions you can take to help you set up your practice for clear aligners and start your ClearCorrect journey. Not everything is required but is worth considering for success with clear aligners.

- 1.1 Prepare your practice
- 1.2 Preparing Your Team
- 1.3 Convert patients in your practice
- 1.4 Marketing your aligner practice



1. Prepare your practice

Set pricing

Typical patient costs for aligner treatment depend on the complexity of treatment and what the market will bear. Be sure to allow yourself a sustainable profit margin. Choosing Unlimited treatment keeps costs predictable. Choosing Flex can save money upfront, but allow headroom to accommodate revisions, replacements, and retainers—or prepare your patient for possible future costs.

Gather supplies

Some materials are required for treating patients with clear aligners, from taking photos and collecting records to placing engagers (attachments). Here's a list of what you'll need.

Supplies needed for a clear aligner practice

Materials needed for case submissions

1.	Info	ormed Consent & Agreement:
	\bigcirc	An example form can be found in the Doctor Portal, however you'll need to be sure that it conforms
2.	For	with all local laws and regulations for your area. Photos:
	\bigcirc	a. Mobile device with ClearCorrect Sync Photo Uploader App.
	\bigcirc	b. Cheek retractors.
	\bigcirc	c. Photo/Palatal mirrors.

3. For Intraoral Scans or Impressions:

b. For Impressions:

a. For Intraoral Scans you'll need an intraoral scanner of your choice.

\bigcirc	b.1. PVS materials for impressions (we recommend both a heavy body and light body material).
\bigcirc	b.2. Vinyl, nitrile or powder free latex gloves.
\bigcirc	b.3. Adhesive.
\bigcirc	b.4. Disposable impression trays (not metal or mesh trays).

Materials needed for treatment

b.5. Timer.

\bigcirc	a. For placing engagers:				
	\bigcirc	a.1. Composite material for creating engagers.			
	\bigcirc	a.2. Bonding agent.			
	\bigcirc	a.3. Composite dispenser.			
	\bigcirc	a.4. Finishing burs for removing flash.			
\bigcirc	b. For p	performing IPR:			
	\bigcirc	b.1. Manual diamond strips.			
	\bigcirc	b.2. Polishing strips.			
	\bigcirc	b.3. Burs.			
	\bigcirc	b.4. Slow speed discs.			
	\bigcirc	b.5. Unwaxed floss for checking interproximal contacts.			

2. Preparing your team

Get the whole team on board

Make sure every member of your staff understands their role in the successful implementation of clear aligners in the practice. Everyone should be prepared to promote clear aligners to any patient that could benefit from them.

Educate your staff

Every staff member should understand the basics of clear aligners and where to get help if they need it. They can:

- View instructional videos, courses or materials in Ortho Campus Classroom
- Learn more or chat with Customer Care in the Help Center
- Manage case information on the Doctor Portal using the ClearCorrect Collaborator feature
- Participate in an online course, webinar or attend a live course (where available)

Conduct regular staff meetings

To review the effectiveness of each individual, and the successful growth of the practice thanks to clear aligners.

Distribute laminated cards

To your staff outlining roles and responsibilities.





Receptionist

Receptionists are usually the first people to welcome new patients, so they must be prepared to discuss clear aligners.



Treatment Coordinator

Treatment Coordinator (or Office Manager) can have an important role in getting new clear aligner patients. In many practices, the Treatment Coordinator discusses pricing and financing with patients. A Treatment Coordinator that is comfortable discussing these topics can really help to seal the deal.



Dental Assistant

Dental assistants play a key role in patient education and promotion of aligners because of their direct, frequent contact with patients.



Dental Hygienist

Dental hygienists are in a unique position to identify potential clear aligner patients and initiate a conversation about clear aligners before turning things over to the doctor. A hygienist that's educated thoroughly on the numerous benefits of orthodontics can do a lot of the sales work.



Clear Aligner Manager

Clear aligner manager is not a necessary role for every practice, but some practices find it helpful to dedicate a team member specifically to managing the clear aligner workflow. This could mean additional responsibilities for an existing employee, or a dedicated staff member in a high-volume practice.

Checklist for Clear Aligner Success

For more detailed information on the roles and duties for each member of the team, visit our **Help Center**.

3. Marketing your aligner practice

Create an on-hold message promoting clear aligners.

Send postcards and emails to current and potential patients announcing that you offer ClearCorrect, and promoting specials.



Run promotions such as: Free whitening with clear aligner treatment, free initial consultation and treatment setup, free starter kit items (aligner cleaner, aligner removal tool, chewies, aligner case), and discounts on aligners or retainers.

Generate good word of mouth. Hold a staff meeting to get everyone on board identifying actions to create positive referrals.

Print referral cards. These can offer services such as free x-rays, exam, and a consultation, and should be distributed to every patient that comes into your office. Be sure to mention the typical cost of these services, to increase the perceived value of the offer.

Send bouquets of flowers, cookies, or balloons to patients starting treatment. These can include referral cards along with gifts such as a branded mug, toothbrush, or gift card. Send to the patient's place of work to create buzz with their co-workers.

Always have a staff member in treatment or wearing passive aligners. It's a great conversation starter, and they'll be able to speak from personal experience.

Make sure your website is up to date and optimized for search engines. You can also invest in paid search results and email marketing.

Manage your presence on social media. Stay in touch with patients and prospects on Facebook, Twitter, and Instagram, and keep up your reputation on review sites like <u>Yelp</u>, <u>HealthGrades</u>, <u>RealSelf</u>, and <u>Google My Business</u>.

Send monthly newsletters promoting current specials and services.

Establish a practice mission statement and regular goals.

Consider traditional advertising like TV, newspaper, radio, and billboards if they fit your budget and location.

Conduct "Lunch and Learn" sessions with other interested professionals.

Speak about clear aligners at community meetings, school programs, and other events.

Conduct a "soft hit" with your patient financing service, to identify pre-qualified prospects in your patient database, and target them in your marketing.

Schedule a "ClearCorrect Day" promoting clear aligners and offering discounts for anyone who signs up that day.

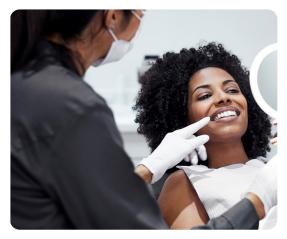
Hold contests and giveaways to gather leads for potential patients.

Give back to the community. Select a cause that will position you better with your targeted audience.



4. Converting patients in your practice

Unfortunately, you probably can't just sit back and wait for patients to walk in to your practice asking for clear aligners. That might happen occasionally, but most people don't consider correcting malocclusion until the benefits are presented to them. Here are some of the actions that set successful practices apart:





Ask every patient whether they're happy with their smile. Give every new patient a smile survey with questions like: How would you rate your smile from 1 to 10? What would you change about your teeth? Does it feel like your teeth fit together properly when you bite down?

Talk to every patient about clear aligners, regardless of what they come in for. Even if a patient isn't a good candidate they may know someone else who is. If they are a good

candidate, they may know someone else who is. If they are a good candidate, include aligners in their treatment plan and make sure they have a copy when they leave.

Play videos for patients in the waiting and exam rooms to introduce them to the benefits of orthodontics and how clear aligners work.

Tell patients about the benefits of correcting malocclusion. The ClearCorrect Clinic App can be used to walk patients through the consequences of leaving malocclusion untreated and how clear aligners are the solution.

Put out promotional materials. Make sure ClearCorrect is visible in every part of your practice. You can order promotional materials from your ClearCorrect Representative.

Display brochures in your waiting room and exam rooms, hang posters throughout the practice, attach a window cling by your front door, stock your front desk with ClearCorrect pens, teach patients about aligners with the ClearCorrect Clinic App and before & after photos from the ClearCorrect Case Gallery, and let patients get hands-on with a typodont and sample aligners.

Update your website. Add information about ClearCorrect to your practice's website. You can find logos, images, and sample copy at <u>clearcorrect.com</u>.

Treatment at a glance

Here is a quick overview of what treatment looks like with ClearCorrect.

01 Exam

Clinician, Dental Assistant or Hygienist identifies need for aligner treatment.

02 Recommendation

Hygienist or Clinician discusses aligners as a treatment option.

O3 Scans & Records

Clinician or Dental Assistant performs scans & collects required records.

04 Submit Rx

Clinician submits the case to ClearCorrect.

05 Tx Setup

ClearCorrect tech creates the treatment setup. Clinician reviews & provides feedback to tech. Different versions are created until Clinician approves.

You won't pay anything until you approve the treatment setup.

06 Tx Review & Acceptance

Clinician discusses treatment setup with patient, and Treatment Coordinator discusses payment options.

O7 Manufacture Aligners

ClearCorrect manufactures the aligners and sends to clinician. Depending on the treatment option you chose, aligners will be shipped all at once (for Flex cases) or in phases of up to 12 treatment steps at a time.

08 Patient Starts Tx

Clinician provides aligners and discusses wear and care with the patient.

09 Progress Appointments

Clinician checks fit of current aligner, places attachments or performs IPR (if required) and provides next set of aligners.

10 Revision

Additional aligners may be needed to achieve desired result.

Retainer

When Tx is complete, a new scan is performed & submitted to ClearCorrect. Retainers are provided to the Clinician to provide to patient.



Patient Journey: Conversion and Education

There are six basic steps to converting patients into treatment with ClearCorrect aligners.

O1 Creating excitement

From the front office to the clinical team, it is important to create and maintain excitement during the patients' visits.

02 Establishing trust

The Hygienist or Dental Assistant can establish trust during the Hygiene appointment or initial discussions with the patient about why they are there. Ensuring they understand the value of the proposed treatment can help establish trust with the patient.

O3 Conversation starters

Identify the patients' pain points, as this will drive discussions and will help create emotional value for the proposed treatment.

O4 Talking about clear aligners

To create value for clear aligners, it's important to know how to talk about them; including problems, consequences and solutions and what words to avoid.

Utilize the ClearCorrect Clinic App to educate the patient on the consequences of malocclusion and how clear aligners are the solution.

O5 Common objections and how to manage them

Understand and resolve any objections, and how to shift the discussion from "want" to "need".

O6 Final / Closing Discussions

Wrap up the discussion and move over to the financial / payment discussion so that same day records can be taken.

The Hygienist or Dental Assistant set the stage by educating the patient and showing genuine concern. The Clinician is the one who seals the deal by confirming what was presented by the Hygienist or Dental Assistant, proposing a treatment plan and answering any questions or objections the patient might have.

Creating Excitement & Establishing Trust

01

Front Office Staff: Greet

The Front Office Staff will greet the patient as they arrive and thank them for choosing their office, and more importantly for their time.

Front Office Staff can express to the patient how excited they are that they will be joining our practice.

The Front Office Staff will continue this excitement as the appointment approaches and confirmation calls are made.



02

Hygienist / Dental Assistant: Initiate

The Hygienist or Dental Assistant brings the patient to the operatory to initate the appointment.

It's important to reassure the patient they are in the right office.

Education tip:

Start with subtle educational points regarding gum health issues, not necessarily misaligned teeth. You can use the ClearCorrect Clinic App to facilitate the education conversation.



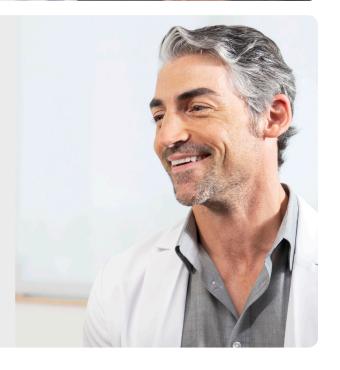
03

Clinician: Diagnose

If the hygienist has completed the FMP (Full Mouth Probing) and all other assessments, this is a good time for the Clinician to have more thorough discussions about how the patients' misaligned teeth are having a negative effect on their oral health, supporting what the Hygienist or Dental Assistant discussed with the patient earlier.

Education tip:

- 1. Diagnose and create a treatment plan
- 2. Take time to answer any questions or concerns the patient may have
- Express the importance of addressing this sooner rather than later to prevent further health issues



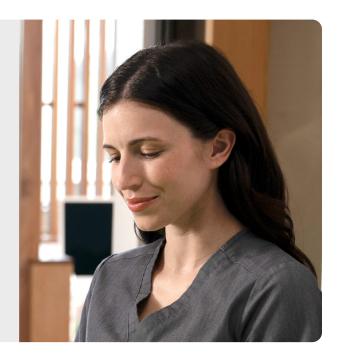
Clinician / Dental Assitant / **Hygienst: Plan**

> The Hygienist or Dental Assistant began this process by taking time to educate the patient and to show genuine concern.

The Clinician is the one who really seals the deal on trust establishment.

Education tip:

The Clinician, Hygienist or Dental Assistant should present solutions for helping the patient improve their oral health. Using the show and tell method, the Hygienist or Dental Assistant should excitedly express to the patient that clear aligner therapy is a "simple solution" for what they have just discussed.



Front Office Staff/Treatment Coordinator: Finance

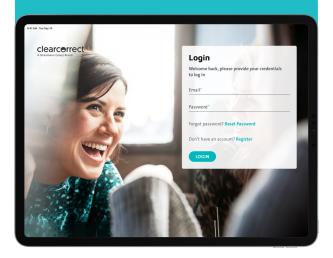
> As the patient was educated along the way and the clinician took time to establish trust, when the Front Office Staff or Treatment Coordinator present the treatment plan, the patient will have a full sense of understanding the value of the treatment that was proposed.

> Have financial options ready to present if needed, so that you can begin collecting records the same day.



Educate and Convert Patients with the ClearCorrect Clinic App

Take the guesswork out of patient education with ClearCorrect's Clinic App, a guided educational tool designed to reduce chair time and increase patient conversion.



The Clinic App is available in 11 languages including: English, German, Spanish, French, Italian, Portuguese, Brazilian Portuguese, Standard Chinese, Traditional Chinese, Japanese and Thai.

01 Educate

With the ClearCorrect Clinic App you can easily educate your patients on the consequences of leaving malocclusion untreated and how clear aligners are the solution.

O2 Convert

With the ClearCorrect Clinic App you can easily educate your patients on the consequences of leaving malocclusion untreated and how clear aligners are the solution.

03 Save Time

Reduce chair time by letting the Clinic App take patients through the education process either directly or by having a team member walk them through the app.



Scan the QR code to check out the Clinic App!

Talking About Clear Aligners



Dental Discussions

While in the dental chair, you can take a proactive approach by using these conversation starters:

"What I'm seeing concerns me because...

- Your gums are receding"
- Your teeth are chipping"
- Your enamel is thinning"
- · Your teeth are shifting"
- Your teeth are wearing"
- Your teeth are colliding rather than sliding"

We are focusing on the "ING", for patient perception and to emphasize that the problem is happening now. Rather than discussing that the problem has already happened (even though it has).

How do you manage common objections from a patient?

There will always be objections. Do not simply accept or dismiss them. Listen to them and address them confidently, by using an emotional connection.

Take the time to educate the patient and they will see that clear aligners are an option to achieving total oral health.

Let's look at some of the more common patient objections and challenges, and some suggested ways to address them.

Financing

Financing is one of the top challenges for patients to start treatment. You may want to address this by:

- Offering a patient financing solution to make treatment more affordable
- · Offering budget friendly payment options

Length of treatment

While you might know that treatment with clear aligners is usually shorter, more affordable and aesthetic than traditional braces your patient may not. You may want to address this by:

- Explaining that clear aligner treatment may be faster than the alternative (traditional braces)
- Explaining that the length of treatment is primarily determined by the treatment goals; if treatment length is a serious objection, revise the treatment goals

Pregnancy

Expect during periods of nausea and vomiting a pregnant woman can wear her aligners without any negative consequences

Constant Travel

When it is inconvenient or impossible for the patient to be near the Clinician's office for visits, the patient can continue to wear stages of the aligners until they can return for a checkup or delivery of new aligners



Common Objections

Let's look at some common objections to clear aligner treatment that we hear from patients.

"The aligners are uncomfortable"



Other than the temporary discomfort caused by tooth movement, a well-fitting aligner will only be uncomfortable if there is a rough edge, which can be smoothed at the office.

"I don't think I can wear them 22-hours a day"



If the patient won't wear the aligners 22 hours a day, you and the patient must agree upon how many hours of wearing will be acceptable to each party, with the understanding that the treatment may take longer or be less effective.

"I don't want to have IPR done on my teeth"



If a patient refuses IPR, you should consider other methods for creating the required amount of space, such as expansion or extractions. You can explain to the patient the difference between IPR with a handpiece and manually with a diamond strip. Some patients are apprehensive because of the dental handpiece and may accept manual approaches to IPR.

"They'll make me talk funny"



Some patients develop a temporary lisp when they first try aligners, but this usually goes away very quickly.

"I don't like the little bumps (Engagers / attachments)"



In many cases, the number of engagers / attachments can be reduced. However, if the patient requests to avoid the use of engagers altogether, they must accept that the treatment may take longer and specific movements more difficult to accomplish.

Final Discussions

Use the same pain points that were identified at the beginning again at the end of your interaction in the operatory. Also use words that indicate your understanding of their concerns and feelings.

It's essential that the Front Office Staff or Treatment Coordinator has the payment discussion in the operatory and comes prepared with different financial options to help eliminate barriers.

How to initiate the final discussion

"Are there any questions or concerns I can answer for you about what we've talked about today?"

"What are your thoughts on aligning your teeth to improve both your oral and systemic health?"



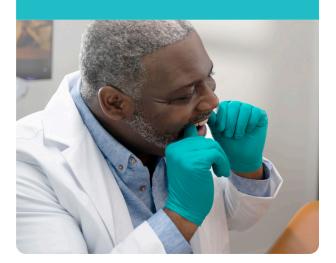
Payment Discussions

It is important to continue this discussion with emotions involved.

Let's take a look at an example of how you might start the payment discussion.

How to initiate the payment discussion

"I understand you are interested in clear aligner therapy, but money is your main barrier. Well great news! I can help you overcome that obstacle, that is what Dr. Jones pays me for, to remove barriers for you and make treatment accessible to you!"



Collect All Required Patient Records

The next few steps will go over the records we need so that we can create a treatment setup for your case.

You'll need to collect the following records:

- 1. Informed Consent & Agreement
- Patient Photos
- 3. Intraoral Scanner Submission Workflow
- 4. Prescription Form Information



Informed Consent & Agreement

Begin by having the patient review and sign an informed consent & agreement. An example Informed Consent can be found in the Doctor Portal. Keep a signed copy for your records.





Patient Photos

We use photos from all eight angles below to verify the details of your patient's occlusion and adjust the treatment setup to optimize your patient's profile and lip appearance.

You'll need to upload a full set of photos with every case you submit. We also recommend that you provide x-rays, but we won't hold up your case if you decide not to include them.

Be sure to include clear, well-lit photos from all eight angles.



Full face (smiling)



Full face (not smiling)



Profile of face (not smiling)



Upper occlusal view



Lower occlusal view



Right lateral view



Front view



Left lateral view

ClearCorrect® Sync Photo Uploader App - Overview and How to Use

01. Download the app and Sign in



02. Create a new case



03. Edit an existing case



04. Set a primary photo



05. Capture patient photos



06. Edit patient photos





Intraoral Scanner Submission Workflow

Let's look at the workflow for submitting a case with an intraoral scanner for most scanners. ClearCorrect has direct integrations with three scanners and the workflow for each can be found in the respective Help Center article for each scanner: 3Shape TRIOS, Virtuo Vivo and Medit scanners.

1. Create the .STL File

- a) Using the scanner of your choice, scan the patient
- b) Export scans as STL files by following the process for your scanner and save in a location determined by you on your computer
- c) Be sure to save both the upper and lower scan files with the arches oriented in occlusion

2. Create the case in the Doctor Portal

- a) Go through the steps to create a case in the Doctor Portal
- b) On Step 2, when uploading scans, select the scanner used (if listed) or "Other STL" option
- c) Click in the box to upload the STL files you created and saved in Step 1

We only require the upper and lower arch scans because the positional data from the occlusal scan is embedded in the upper and lower files themselves, so we don't need the third scan that some scanners create.

3. Submit the Scan

- a) Finish submitting the case by providing the information for the remaining steps in the online submission form
- b) Check the boxes indicating you have obtained the Informed Consent, agree to the Terms
 & Conditions and accept the Straumann Group Privacy Policy
- c) Click "SUBMIT"





Collect Prescription Form Information

You can use our chair-side, pre-submission worksheet to collect the patient details that you'll need for creating the order in the Doctor Portal. You need to identify such information as the treatment approach you want to take for the patient, their molar and canine relationship (Class I, II, or III), any existing dental conditions and more. The pre-submission worksheet can help you collect this information so that you or a member of the team can use it to create the order later in the Doctor Portal." Add in an image of the pre-submission worksheet.



Case Creation and Approval

Select your first patient

Start with a simple case. Look for a minor issue that can be corrected in less than 12 steps, without major crowding that might require interproximal reduction (IPR) or difficult movements that might require engagers. Anterior teeth are easier to correct than posterior teeth, and tipping is easier than extrusion or rotation. You may find it convenient to start with a staff member, a family member, or even yourself.

Example of a Good Starter Case





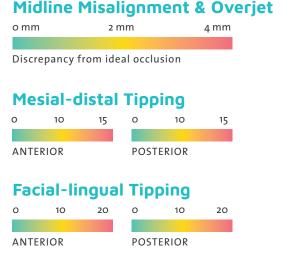
Make sure every patient understands these key points:

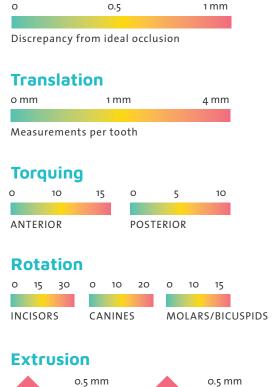
- You, the clinician, are responsible for their care.
- ClearCorrect manufactures aligners based on your prescription.
- Patients should contact you if they have any questions or concerns.
- Any orthodontic treatment carries some risks.
- No one can guarantee a successful outcome.
- Aligners need to be worn consistently—22 hours a day, every day.
- Most people will need retainers after completing treatment.
- There may be additional costs for revisions, replacements, or retainers.
- If your patient cannot agree to these key points, they may not be a good candidate for clear aligner treatment and are not recommended for a first case.

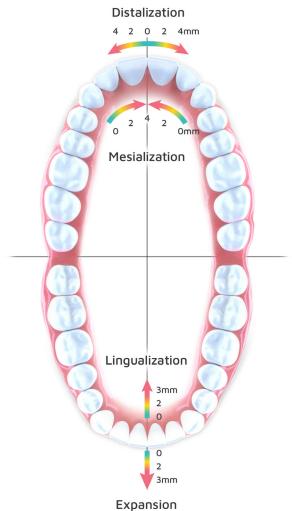
MovementPredictability

More Predictable Less Predictable









Intrusion 0 mm 0 mm 0.5 mm 2 mm 1 mm POSTERIOR

o mm

POSTERIOR

o mm

ANTERIOR

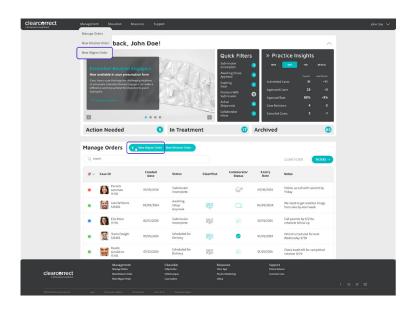
You can use this movement predictability guide to see which types of movements are going to be more complex/less predictable in aligner treatment. This is a good guide to use when selecting your first patients.

Process for Creating an Order/Case

Creating the order in the Doctor Portal

Sign into your Doctor Portal account.

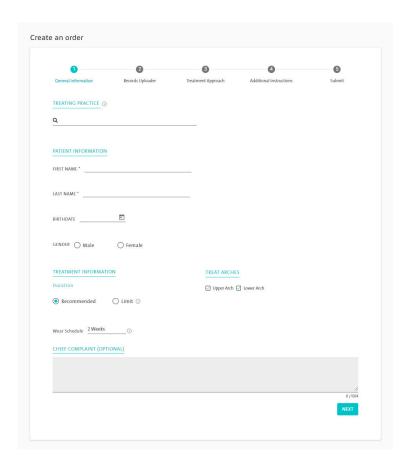
Once signed in, you can add an aligner order by either clicking on "Management" in the header and selecting "New Aligner Order" in the dropdown menu, or by hovering on the "+" icon in the "Manage Orders" section and clicking on "New Aligner Order".



Step 1: General information

The first step will be to provide general information about the patient and treatment. You will be asked to provide:

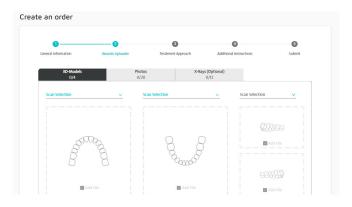
- The practice where you will be treating the patient from
- Patient information:
 - a. First and last name
 - b. Date of birth
 - c. Gender
- Treatment information
 - a. Duration of treatment
 - b. Wear schedule
 - c. Arches you want to treat
- Patient's Chief Complaint

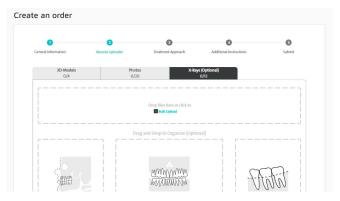


Step 2: Records Uploader

Upload scans, photos and x-rays. If you used the Sync App to take photos, the case will already have been created and photos uploaded in this step.



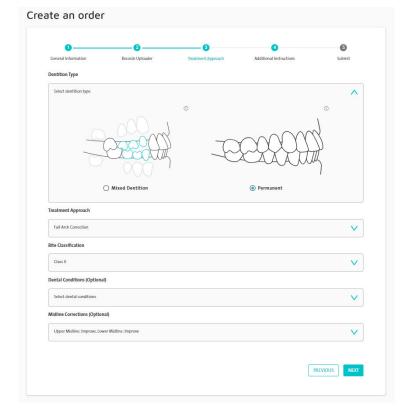




Step 3: Treatment Approach

Provide information about your treatment approach for this patient. You'll be asked to make selections for:

- Dentition Type
- Treatment Approach
- Bite Classification
- Dental Conditions
- Midline Corrections

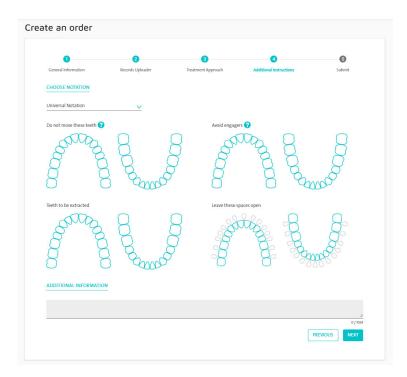


Step 4: Additional Instructions

Provide additional instructions for the patient's treatment.

Indicate:

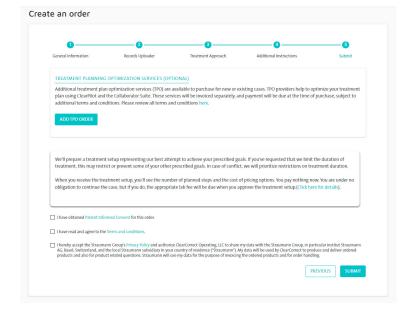
- · Your dental notation system
- If you don't want certain teeth moved
- If you want to avoid engagers on certain teeth
- · If you plan to extract teeth
- If you want to leave spaces open
- Include any additional information for the case in the provided field. This could include custom instructions for the patient's treatment, when and where you might use auxiliaries in the patient's treatment, etc.



Step 5: Submit

If you want to use Treatment Planning
Optimization Services for this case, add this to
your order here. Then confirm that you have
obtained a signed Patient Informed Consent,
agree to our Terms and Conditions and accept
Straumann Group's Privacy Policy. Then click
"SUBMIT" and we'll begin preparing a Treatment
Setup for your case.

Submit your case!



Setting up your Treatment Preferences

What are Treatment Preferences?

When you submit your case, the Technician creates your Treatment Setup using a set of default treatment preferences. You can customize your preferences for your setups in the Treatment Preferences section of My Account in the Doctor Portal. The treating clinician is solely responsible for patient treatment: please see our <u>Terms and Conditions</u> for details.

ClearCorrect Treatment Preferences

Preference Default Name Preference		Preference Option 2	Preference Option 3	
Movement Velocity	Standard movement per tooth, per step – 0.3 mm translation, intrusion, and extrusion. 3 degrees rotation	Reduced movement per tooth, per step (will result in increase in # of aligners) - 0.2 mm translation, intrusion, and extrusion. 2 degrees rotation	N/A	
Wear Schedule	2 Weeks	1 Week	10 Days	
IPR - Timing	Start IPR whenever necessary (even from step 1)	Place IPR from step 1 onward	Place IPR from step 3 onward	
IPR Maximum	0.30 mm for anterior teeth, 0.60 mm for posterior	o.60 mm for all teeth	N/A	
Anterior Torque	Without contacts	With contacts	N/A	
	Standard cases: apply approximately 10 degrees of positive torque			
	Class III cases: retrocline lower anteriors with IPR, overcorrect upper anterior positive torque			
Posterior Torque	Minimal change only to improve occlusion	Upright upper posterior teeth and apply slight negative torque on lower posteriors	Upright lower posterior teeth and apply slight positive torque on upper posteriors	
Expansion	Expansion of canines to 1st molars combined with anterior protrusion. No expansion in 2nd & 3rd molars. Maximum 2 mm per quadrant	Expansion of canines to premolars and hold other teeth as anchors. Maximum 3mm per quadrant	N/A	
Class II Corrections Upper molar distalization with sequential movement		No class II correction (no molar changes)	N/A	



Preference Name	Default Preference	Preference Option 2	Preference Option 3	
Smile Arc	Smile Arc Follow lip guidance based on frontal smiling picture		N/A	
Occlusion	Occlusion Three contacts in the posterior with no with light anterior contacts anterior contacts		Heavy contacts in the posterior with no anterior contacts	
Curve of Spee Idealize Curve of Spee by combination of tipping, intrusion, and extrusion		Improve occlusion, but do not correct Curve of Spee unless requested on prescription	N/A	
Virtual C-Chain	Preform only when requested on prescription. Default placement on last 2 steps	Perform Virtual C-Chain on all cases to tighten spaces	Perform Virtual C-Chain on all cases, remove attachments before C-Chain steps	
First Molars	Improve if needed to establish better occlusion	Do not move 1st molars	N/A	
Second & Third Molars	Improve if needed to establish better occlusion	Do not move 2 nd & 3 rd molars	N/A	
Overjet & Overbite Set to ideal overjet (2 + mm) with no anterior co		Set overjet to 2 – 3 mm but with slight overbite and no anterior contacts	N/A	
Mild-Moderate Crowding	Expand canines & premolar regions, place IPR as needed, and apply anterior protrusion	Expand canines, premolar regions, and first molars. Place IPR as needed, but no anterior protrusion	N/A	
Moderate-Severe Crowding (Class II)	Expand canines & premolar regions, & first molars distalization of 1-2mm, no 3rd molars. Place IPR as needed, & place anterior round tripping as needed	Expand canines & premolar regions, and first molars distalization of 1-2 mm, no 3rd molars. Place IPR as needed, but no anterior round tripping	Expand canines & premolar regions, and first molars distalization of 1-2mm, no 3rd molars. Place anterior round tripping as needed, but no IPR	
Engager Protocols Use of engagers for rotations, intrusions, and extrusions		No engagers at all	N/A	



Preference Name	Default Preference	Preference Option 2	Preference Option 3	
Engager Timing	Delay and place at step 3 and keep until end of each arch's treatment	Place at step 1 and keep all engagers until end of treatment	Place only when requested on prescription	
Engager Size	Engager Size 3 mm 2 mm		4 mm	
Bite Ramps None		Add bite ramps 2x2 when the lower incisors need to be intruded by more than 1.5 mm	Add bite ramps 3x3 when the lower incisors need to be intruded by more than 1.5 mm	
Cutout Shape	None	Class II Upper Arch: slits on canine Lower Arch: button on first molar	Class II Upper arch: slits on canines Lower arch: slits on first molars	
		Class III Upper Arch: button on first molar Lower Arch: slits on canines first molar	Class III Upper arch: slits on canines Lower arch: slits on canines	



Reviewing and Approving the Treatment Setup

Treatment Setup

The Treatment Setup will show the movement of the teeth, the length of treatment, and any recommended procedures such as engagers and IPR. Take the following steps to review the Treatment Setup.

Review the Setup

Compare to patient photos to confirm that the software has accurately captured the:

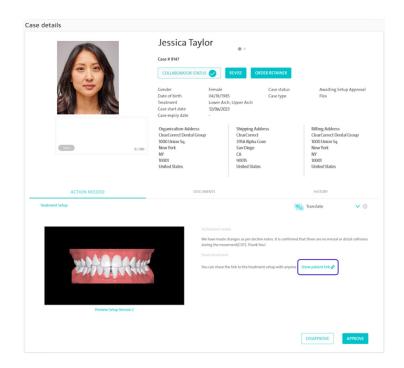
- Articulation of the models and bite registration
- Midline relationship
- Overjet
- Overbite
- Canine and molar relationships
- Shape of teeth



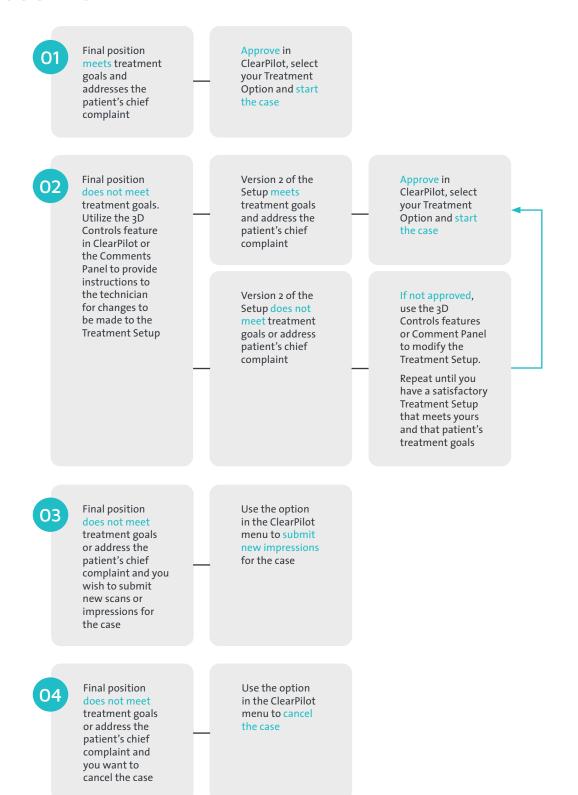
Carefully review the subsequent steps to verify the planned tooth movements meet your clinical goals. Verify that any recommended IPR and engagers are sufficient to achieve your goals. Evaluate the final position of the teeth at the last step of treatment to make sure that it fits the treatment goals for the case.

Share the Setup

If you are inclined to show the patient the Treatment Setup, you can show them in your office or use the "share link" option to copy the URL and send it to them.



When you are done reviewing the Treatment Setup in ClearPilot, you have four options to choose from:



Treatment Options Guide

ClearCorrect offers a variety of treatment options for treating cases. You can use the table below to make the selection that makes the most sense for your case.

Treatment option	№ of Steps	Clinical indications	Included in treatment	Replacement and case cancellation	Case expiration date
Unlimited For severe cases	As many steps as needed to reach the clinical goal	Combination cases, phase- based treatments, extractions, potentially non- compliant patients with treatment interruptions	Replacements included. Retainers can only be ordered two sets at a time, every six months	Replacements included. Free cancellation prior to case approval	Revision and retainer order must be submitted and approved within five years after the shipment date of the initial set of aligners
Three For moderate to severe cases	Up to 72 steps	Class II & Class III, moderate- severe crowding/ spacing, vertical discrepancies, anterior/ molar rotations	3 Revisions (each revision up to 72 steps) and 3 sets of retainers included	Additional cost for replacement aligners. Free cancellation prior to case approval	Revision and retainer order must be submitted and approved within three years after the shipment date of the initial set of aligners
Two For moderate cases	Up to 48 steps	Moderate crowding/ spacing, crossbite, overbite/overjet & mildmoderate vertical discrepancies	2 Revisions (each revision up to 48 steps) and 2 sets of retainers included	Additional cost for replacement aligners. Free cancellation prior to case approval	Revision and retainer order must be submitted and approved within two years after the shipment date of the initial set of aligners
One For mild cases	Up to 24 steps	Class I, mild crowding/ spacing & mild overbite/overjet reduction	1 Revision (up to 24 steps) and 1 set of retainers included	Additional cost for replacement aligners. Free cancellation prior to case approval	Revision and retainer order must be submitted and approved within one year after the shipment date of the initial set of aligners
Mini For very mild cases	Up to 12 steps	Mild relapses cases & treating the Aesthetic Zone	1 Revision (up to 12 steps).Additional cost for retainers	Additional cost for replacement aligners. Free cancellation prior to case approval	Revision and retainer order must be submitted and approved within 6 months after the shipment date of the initial set of aligners
Flex For revisions & recent relapse cases	Varies per treatment - pay the exact number of steps needed	Revision and relapse cases.	Additional cost for new Treatment Setups, Revisions & Retainers. Treatment Setup Fee AUD199	Additional cost for replacement aligners. Free cancellation prior to case approval	No expiration - treatment continues if required by adding more aligners
Retainer For orthodontic retention	Single arch	Retention of final occlusion to prevent teeth relapse	Retainers can either be based on a previous step or on new impressions or scans. Make sure you send scans or impressions for both arches when ordering retainers, even if you're only treating one arch	Free cancellation prior to case submission	Not applicable

^{*} Not all treatment options are available in all areas. Contact your ClearCorrect or local Straumann representative to find out what is available in your area. **Treatment Plan Optimization Service



Delivering Aligners

What you'll need

- Box with the aligners
- The aligner case for your patient to keep their aligners
- Patient Wear & Care Guide

Patient Instructions

Go through the Wear & Care booklet with the patient when handing out their first set of aligners.

What to discuss

- 1. Device description & intended use
- 2. Wearing the aligners:
 - · Rinse the aligners before wearing
 - · How to insert and remove the aligners
- The patient's wear schedule you have set for their treatment. Ensure they understand the importance of following their schedule
- 4. When to advance to the next step (when directed by their doctor)
- 5. What to do before wearing a new set of aligners:
 - Inspect the aligners for any cracks or deformities
 - Make sure they are wearing the set that you directed them to use
- 6. What to expect when wearing a new set of aligners:
 - They might speak with a slight lisp while their tongue adjusts to the aligners—this usually goes away within a few days
 - They may experience dry mouth and should drink plenty of water

7. How to care for the aligners:

- Remove the aligners to eat. Rinse and store them in a safe place
- Brush and floss after every meal to prevent food and drink from getting trapped under the aligner
- Clean the aligners with a toothbrush and cool water
- Keep aligners away from alcohol and hot, sweet, or colored liquids
- Keep pets and small children away from the aligners

8. Contact their doctor for:

- Any questions about hygiene techniques
- Regular dental checkups and cleanings for continued oral health
- Permission to advance to the next step
- If they suspect an adverse reaction, discontinue use and contact you, not ClearCorrect, for further instruction
- Save all of their aligners and bring their previous set with them to checkup appointments—for troubleshooting potential tracking issues
- 10. You can have the patient use Chewies (reusable plastic rolls that help seat aligners) when inserting the aligners to help "activate" and/or seat them properly³

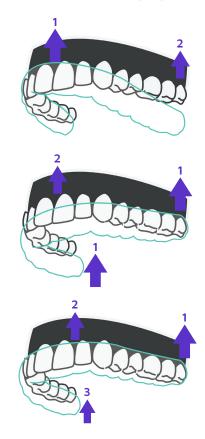


Inserting Aligners

When a patient tries on an active aligner for the first time, it's not going to exactly match the position of their teeth.

Ideally, aligners should fit snugly at first, then loosen up over a couple of days as the teeth move into position. Sometimes, however, variables in patients' dentition or other factors such as flaring, inclining, or proclining teeth can cause discomfort for the patient or make the aligners difficult to insert.

If you have trouble inserting aligners, here are some techniques that you can try:



Front to back

- Use this technique when the anterior teeth are excessively proclined (tipped forward) or excessively crowded
- 2. Insert the aligner on the anterior teeth
- 3. Then push the tray down over the posterior teeth

Back to front

- 1. Use this technique when all of the teeth are relatively upright
- 2. Insert the aligner on the posterior teeth first
- 3. Then push the tray down over the anterior teeth

Side to side

- Use this technique when the posterior teeth are excessively inclined lingually
- 2. Insert one side first, coming forward to insert the anterior teeth
- 3. Then press down on the other side
- Cautiously, press the aligner on using the fingers; do not bite the aligners on with teeth

Anterior, then lingual or buccal

Use this technique when the teeth are flared either lingually or buccally

- 1. Insert the aligner on the anterior teeth
- 2. Then push the tray down on the side that is flared. For example, if the teeth are flared lingually, push the tray down on the lingual side. If flared buccally, push down on the buccal side. (If the aligners are inserted in the most difficult area first, the rest of the area should be easy to insert.)
- 3. When you get the aligners on, they should snap into place. If they don't, or if there is a small incisal gap, you can give the patient a couple of Chewies to bite on for a few days. These should help the aligners to fully seat

Sectioning the aligners prior to insertion

Use this technique when there is excessive anterior proclination or excessive posterior inclination

- 3. Cut the aligner in half along the midline
- 4. Insert one side of the aligner fully into place, then insert the opposite side
- 5. After a couple of stages, it probably will no longer be necessary to section the aligners prior to insertion



Appointment checklist

Here's a checklist of things to look for at each appointment.

Confirm that patient is wearing the correct set of aligners.
Visually confirm that the aligners fit completely without incisal gaps or other spaces between the teeth and the aligner. If there is an incisal gap after the aligner has been worn for the recommended time, that may be a sign of incomplete movements.
Verify that your patient can remove the aligners without difficulty. If the aligners are still tight, the patient may need to wear them for another week or two.
Examine the condition of the aligners. If they still look pristine, that may indicate that the patient hasn't been wearing them regularly. If you suspect non-compliance, address it with your patient.
Verify that the teeth are moving as planned by comparing the dentition to the current step on the Treatment Setup.
Use floss to confirm loose interproximal contacts between all teeth, especially if Compliance Checkpoints are indicated on the treatment plan. Address any tight contacts found.
Confirm that any engagers are still present and in good condition.
Confirm that the next scheduled set aligners fits well.
Refer to the treatment plan paperwork or Treatment Setup and perform any scheduled procedures, such as performing IPR and placing or removing engagers.
Try the aligners on again and check for blanching of the gingiva near the trimline. Blanching can occasionally be seen around gingival frenum, but could also be caused by distortions in the original impression. Often these are minor and any discomfort can be addressed by trimming the aligners back slightly with scissors.
Some clinicians may find it helpful to run a finger along the edge of the aligner to check for sharp edges or areas where it has lifted away from the gingiva.
Confirm the wear schedule and document the dates when the patient should change aligners and return for a followup appointment.

What are some of the key indicators that a patient is ready to move to the next aligner?

- Full and complete fit of current aligners
- · Patient able to easily remove and place current set of aligners
- Loose contacts and spaces closed at Compliance Checkpoints
- · Planned tooth movements have occurred

Checkup Appointments

Scheduling checkup appointments depends on:

- 1. Difficulty of the treatment and/or the movements required during treatment
- 2. The confidence of the doctor
- 3. Compliance of the patient

Note: It's up to you to decide when to schedule checkup appointments according to what is appropriate for the patient. Usually, it's about every 4-6 treatment steps.



How to install engagers

Recommended use instructions for ClearCorrect engager templates.



1 Engager template

The ClearCorrect Engager Template is designed to make bonding engagers to the tooth surface more reliable. The new Low and Flat Trimline provides enhanced retention of the engager template on teeth, ensuring accuracy. Additionally, with the implementation of the new material, it enables faster and easier removal of the engager template, optimizing chair time and streamlining the orthodontic procedures.



- 2 Scaler
- 3 Engager template
- 4 Cheek retractors
- 5 Light curing gun
- 6 Acid etch
- 7 Paste-type composite
- 8 Flowable compostie
- 9 Bonding agent
- 10 Pertroleum jelly



Try on the template.



Identify the location of all engagers.



Etch tooth only in the area where engager will bond to tooth. Do not etch the facial surface.



Rinse off acid.



Lightly coat engager voids with petroleum jelly.



Fill engager voids about 2/3 full with paste-type composite.



Fill remaining 1/3 of engager voids with flowable composite.



Place bonding agent on etched tooth.



Light cure bonding agent.



Insert template.



Light cure composite.

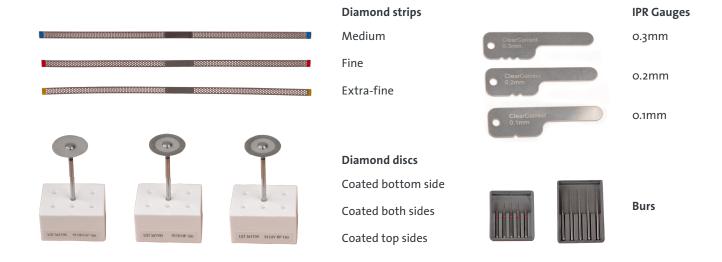


Remove template and clean off extra flashing material with scaler.

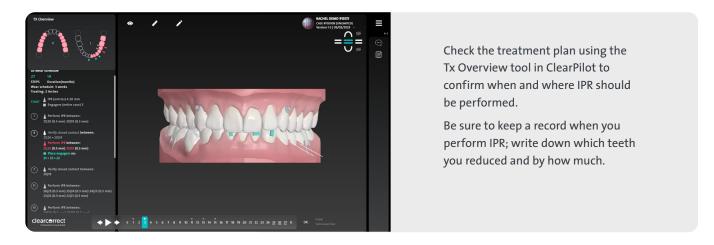
How to perform IPR

IPR stands for interproximal reduction. It is the process of creating very small amounts of space between pairs of teeth in order to allow the teeth to move as needed during treatment. Let's look at the basic steps and supplies you'll need for performing IPR.

Supplies



Before you do anything, check your treatment plan



0.1mm on an anterior tooth · medium diamond strip



Cut diamond strip in half. You will only need one half of the strip per procedure.



Flip the strip over, and perform this action again, about 8-12 times. Rinse the area.



Gently move the strip backwards and forwards between the teeth along the contact area in a sawing motion. It takes roughly 8-12 motions, but ultimately depends on the patient.



Take the o.1mm gauge and place in between the two teeth to verify the correct amount of space. If the gauge does not fit in between those teeth, continue to file between the tooth surfaces until the desired result is reached.

0.2mm on an anterior tooth · one-sided diamond disc



Line up the disc parallel to the contact area.



Turn the drill on and move the disc along the contact area. Stop at the height of the interdental papilla, or when you feel the contact break.



If needed, use floss to ensure that the contact has broken. You may also use a diamond strip to file down any sharp corners or rough surfaces left from the disc.



Rinse the area, then take the o.2mm gauge and place in between the two teeth to verify the correct amount of space.

0.2mm on a posterior tooth · one-sided diamond disc



Have a dental assistant hold back the patient's lips and cheeks, to prevent them from getting cut. Have the assistant hold the tongue down with a mirror or retractor. If needed, extend the neck of the drill so that the disc does not interfere with the anterior teeth during the procedure.



If needed, use floss to ensure that the contact has broken. You may also use a diamond strip to file down any sharp corners or rough surfaces left from the disc.



Line up the disc parallel to the contact area. Turn the drill on and move the disc along the contact area, from facial to lingual. Stop at the height of the interdental papilla, or when you feel the contact break.



Take the o.2mm gauge and place in between the two teeth to verify the correct amount of space.

0.3mm on a posterior tooth · two-sided diamond disc



Have a dental assistant hold back the patient's lips and cheeks, to prevent them from getting cut. Have the assistant hold the tongue down with a mirror or retractor. If needed, extend the neck of the drill so that the disc does not interfere with the anterior teeth during the procedure.



Rinse, then use the o.3mm gauge to verify the correct amount of space.



Line up the disc parallel to the contact area. Turn the drill on and move the disc along the contact area, from facial to lingual. Stop at the height of the interdental papilla, or when you feel the contact break.

Submitting for a Revision

There are any number of reasons your case might need a revision, the most common being when teeth don't move as planned.

Treatment doesn't always go as planned

Before you submit a revision there are some things to look for and techniques to try that may prevent the need for a revision.

- If the aligners don't fit, try troubleshooting techniques for incisal gaps
- Check for patient non-compliance, this is the #1 reasonfor treatment going off track
- Try the backtracking troubleshooting technique
- Check for tight contacts and troubleshoot accordingly

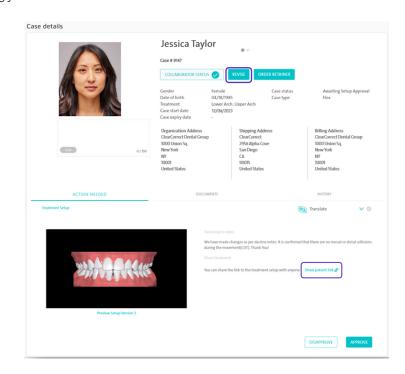
Submitting a revision in the Doctor Portal

Case revisions must be submitted online. Here's a step-by-step for submitting a revision along with some important tips.

- Go to "Manage Orders" and click on the case that you want to revise.
- When you select a case with a phase scheduled you'll see a "Revise" button at the top right of the case page.
- 3. It will then take you to a new page titled "Request a revision".
 Select the step number for both the upper & lower arch that the patient is currently wearing & choose whether you'll use an existing step, submit scans or impressions.
- 4. For 3D Models, select wether you'll submit new scans or impressions or if you want to use a current or previous step, for both the upper and lower arches. You can include bite scans and/or photos if you choose, both are optional.

Note: Have the patient continue to wear the current step until the revision arrives.

- 5. Indicate any clinical features you would like to include in the Revision Treatment Setup and provide any instructions for the revision, such as, why a revision is being requested, what isn't tracking, where the issue can be seen, how you want it to be - what you want changed, any troubleshooting techniques attemped, etc. Agree to our Terms & Conditions, then click "SUBMIT".
- Tip: Remove all existing engagers before taking new impressions to improve accuracy.



Once you click "SUBMIT", you will receive a revised Treatment Setup within a few days for your approval.

If you want to print a copy for your records, you can download one by clicking on the download icon in the documents tab on the case page.

Troubleshooting: Pre-treatmentissues

Missing teeth

Troubleshooting options:

- Anterior teeth—ClearCorrect will fill gaps with simulated teeth in the setup. This creates pontic voids in the aligner
- Multiple missing teeth— Can possibly create too much retention, making the aligner difficult to remove
- Multiple missing molars—Technicians can construct a "bridge" between any large space called a bar

Extreme crowding

Troubleshooting options:

- Request any of the following in the case submission form:
 - Proclination
 - Expansion
 - Distalization
 - IPR

Crossbite

Troubleshooting options:

- Skeletal expansion
- Quad helix
- · Rapid Palatal Expander
- Dental expansion (2-3mm)
- Clear aligners can correct

TMJ

Troubleshooting options:

- Perform a TMJ exam
- Monitor TMJ/TMD symptoms at every visit
- If symptoms persist—stay with last passive aligner
- Slide effect
- · Class II correction
- · Spontaneous mandibular advancement

Short clinical crowns

Troubleshooting options:

Anticipate future restorations

Short clinical crowns:

- · Consider pre-aligner acrylic temporary crowns
- Request engagers on the first or second premolars when submitting the case
- Specify to place the engagers during Step 1
- Use dimple pliers to create retention points
- Consider not moving those teeth with treatment

Anterior open bite

What to consider:

- · Etiology?
- Skeletal—surgery?
- Habit—active or passive
- Neuromuscular tongue thrust
- Tongue posture
- Large tongue

Troubleshooting options:

- · Request engagers
- Uppers and lowers, or just uppers

Extreme rotations

Troubleshooting options:

- IPR
- Expansion
- Engagers
- Dimples
- Buttons & Elastics

Periodontal issues

Troubleshooting options:

- We do not recommend treating patients with poor oral hygiene or periodontal disease
- In the presence of poor oral hygiene tooth movement takes longer, is less predictable and may be less stable. For these reasons, good oral hygiene must be established before beginning clear aligner treatment



Black triangles

Troubleshooting options:

- Alert patient pre-treatment, if possible
- Prescribe IPR to be performed at the point of contact to allow the affected teeth to come together
- Emphasize optimum oral hygiene regimen Restorative therapy to fill smaller gaps caused by insufficient interdental gingiva
- Gingival graft to increase interdental papilla height and volume
- Request a digital power chain to eliminate gap

Large tongue

Troubleshooting options:

· Long term/permanent retention protocol

Patient non-compliance

Troubleshooting options:

- Re-state wearing instructions and importance
- · Document the non-compliance
- Show them what their teeth will look like if they wear their aligners properly using the Treatment Plan
- Extend the time the patient has to wear their current aligners. They'll learn the more diligently they wear their aligners, the less time they have to be in treatment
- Re-offer alternative treatment, reminding them that there are no refunds
- Why pay all that money and not get the results they want?
- Consider terminating treatment vs. having treatment fail

Troubleshooting: Issues During Treatment

Insufficient space

Troubleshooting options:

- Handstripping/IPR
- Case revision to request expansion or IPR

Incisal gaps

Troubleshooting options:

- Look for larger incisal gaps to usually indicate non-compliance
- · Check for contraindications
- Check for short clinical crowns
- Try backtracking
- · Try adjusting the patient's wear schedule

Insufficient pressure

Troubleshooting options:

- Try adding engagers
- Try adding dimples where applicable
- Request overcorrection in the case submission or a revision
- Try backtracking
- · Try extending the patient's wear schedule
- Address patient compliance if this is an issue

Aligners too big

Troubleshooting options:

- · Try adding dimples for added retention
- Try backtracking
- Try adding additional engagers (you'll have to request a case revision to have more engagers added)



Aligners too small

Troubleshooting options:

- Try using Chewies to help seat the aligners
- Request distal half of the aligner be trimmed when you submit your case
- If undercuts are an issue, request for them to be blocked when submitting the case or by requesting a revision (if in the middle of treatment)

Fitting only one side

Troubleshooting options:

 Look for impression distortions in the original impression

Try the following technique:

- Seat the aligner on one side
- Align the aligner over the teeth on the opposite side
- Using your thumb on the aligner over the first molar, push the aligner toward the teeth
- Rotate the thumb down and toward the gingiva, torquing the aligner onto the teeth
- Section the aligner at the midline and seat each half independently

Troubleshooting: Post treatment issues

Tight contacts

Troubleshooting:

- Floss between the suspect teeth (areas of misalignment) to check for tight contacts
- Check subgingival too
- If tight contacts exist, hand stripping can be done to create o.1mm of IPR
- If no tight contacts exist, you can still do a little hand stripping to help create some needed space
- If the above actions don't create the space needed it may be time for a revision

Residual spacing

Troubleshooting:

- Patients most aware of the upper and lower incisors
- · Continue last aligner
- Order a revision
- · Consider not correcting the rotation

Incomplete rotations

Troubleshooting:

- Patients most aware of the upper and lower incisors
- · Continue last aligner
- Order a revision
- Consider not correcting the rotation

Posterior open bite

Troubleshooting:

- Clear aligner re-treatment with extrusion movements
- Limited braces with vertical elastics
- Remove the sections of the aligners covering the open bite to allow spontaneous eruption of the displaced teeth
- Procline or intrude the anteriors to reduce premature incisor contacts



Before and After photos and the ClearCorrect Case Gallery

Before





After





ClearCorrect Case Gallery

Messaging

A curated collection of clinical cases that demonstrate the capabilities of clear aligners.

Upon placing the final retainer, we encourage doctors to take a series of "after" photos, to keep a record of how effective the treatment was. We love seeing those new smiles, and doctors who take the trouble to take an extra series of photos are always glad they did! Great treatment outcomes are the strongest tool you have for growing the clear aligner aspect of your business.

Showcase your cases

Submit your cases to show patients or other clinicians the type of results you've achieved with ClearCorrect clear aligners.

Promote your practice

Complete your Doctor Profile to connect with patients and other clinicians.

Educate your patience

O3 Educate your patients on the kinds of results that can be achieved with clear aligners by showing them cases from the ClearCorrect Gallery.

Easy and intuitive submission process

Easily submit cases to the gallery, to show before and after images, treatment techniques and results.

Available in 9 languages

Multiple languages available for viewing cases and treatment information available to customers that don't speak English.

Submit your cases to the ClearCorrect Case Gallery so everyone can see your before and after treatment successes.

05



Finalizing Treatment and Retention

Understanding Retention

- Retention refers to the stage of orthodontic treatment where the teeth are kept in their corrected positions achieved through orthodontic tooth movement after the active treatment has ended
- Histological studies provide support for this approach by demonstrating that the periodontal fibers above the crest remain elongated and displaced for over 7 months after orthodontic tooth movement has stopped. These findings suggest that the retention period should typically last a minimum of 7 months
- · The thought today is that retention is for life

Types of retainers

There are a variety of retainers that can be used at the end of orthodontic treatment. The best type of retainer for your patient will depend on the type of treatment, any post-treatment corrections needed and the patient's preference. Here are some things to consider.

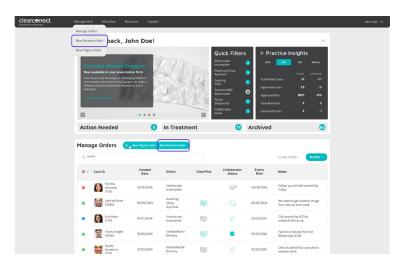
	Clear Retainers	Hawley Retainers	Fixed Lingual Retainers
Pros	Same discreet appearance and convenience as clear aligners After ClearCorrect treatment, retainers can be created based on an existing step (if within terms of your chosen treatment plan) or on new scans or impressions Multiple sets of retainers can be ordered as needed Clear retainers can also be made in-office by vacuum or pressureforming over a model of the teeth The full coverage of the retainer provides maximum retention to prevent relapse Pontics can replace missing teeth for optimum esthetics with clear retainers	Lack of occlusal coverage may be more comfortable for some patients Hawley retainers can achieve minor tooth movements There are unlimited design variations	Fixed lingual retainers can either be fabricated in the office or at a lab Fixed lingual retainers are discreet because they can be placed on the lingual side of the teeth Fixed lingual retainers are particularly good at retaining a tooth that has been rotated Fixed lingual retainers are good for patients with a large tongue or with the tongue thrust habit
Cons	Occlusal coverage may be a problem for some patients	An impression and model must be made of finished teeth to create the Hawley retainer Production of a Hawley retainer requires a lab procedure The bulky lingual material may be a problem for some patients Some patients may be opposed to the visible metal wire	Fixed retainers may not be able to be placed behind the upper teeth if the lower teeth will occlude on them, causing wearing of the lower teeth, damage to the fixed retainer, or mandibular displacement Fixed lingual retainers may be inconvenient and cause hygiene issues for some patients due to the additional required step when flossing (threading the floss behind the retainer wire before wiping the floss between the teeth in the interproximal space) De-bonding fixed lingual retainers may be a maintenance issue All teeth must be well-aligned

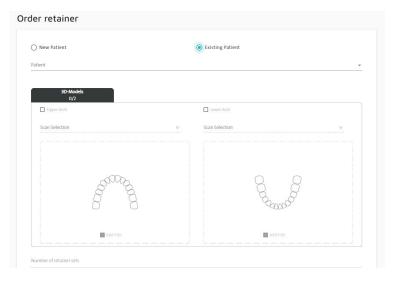


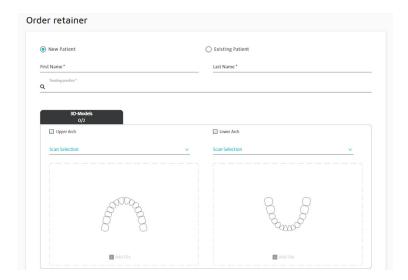
Requesting Retainers

To order retainers, you'll need to sign into your Doctor Portal account.

- Once signed in, you can use the "Management" drop down in the header and select "New Retainer Order" or by hovering on the "+" icon in the "Manage Orders" section and clicking on "New Retainer Order".
- 2. Select either "New Patient" or "Existing Patient": Find the patient you want to request retainers for using the "Patient" drop down menu. Make your selection for the 3D models to use for the retainers. Select the number of retainers you want to order. Identify payment method, if prompted to do so. Agree to ClearCorrect's Terms and Conditions. Click "Submit".
- 3. For New Patients: Provide the patient's first and last name. Select the practice where you will treat the patient from. Make your selection for the 3D models to use for the retainers. Select the number of retainers you want to order. Identify payment method, if prompted to do so. Agree to ClearCorrect's Terms and Conditions.
 Click "Submit".
- 4. Select the status for the retainer order: Discard button to cancel the order process and return to the Manage Orders page. Save as Draft button to save the form. You can access the form again later and either submit or discard the order. Submit button to submit the order for a retainer.
- You will be taken to the patient's Case details page. If you are submitting scans, upload them and click the Save button.









Sources and References

 "15 - Esthetics and orthodontics" in Esthetic Dentistry (Third Edition) A Clinical Approach to Techniques and Materials, 2015. Authors Gail E. Schupak Joseph Hung, Edward C. McNulty.

https://doi.org/10.1016/B978-0-323-09176-3.00024-3

- 2. "Clear Aligners in Orthodontic Treatment" by T. Weir in Australian Dental Journal, 2017.
- 3. "Adverse effects of orthodontic treatment: A clinical perspective." Talic NF.

Saudi Dent J. 2011; 23(2):55-59. doi:10.1016/j.sdentj.2011.01.003

 "Index of Orthodontic Treatment Need (IOTN)" by Evans R. and Shaw W.C. A preliminary evaluation of an illustrated scale for rating dental attractiveness. European Journal of Orthodontics 1987; 9:314-318.

https://academic.oup.com/ejo/article-abstract/g/1/314/539816?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=1&author1=evans&author2=shaw&andorexacttitle=and&andorexacttitleabs=and&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCI

 "Creative Adjuncts for Clear Aligners, Part 1: Class II Treatment" S. JAY BOWMAN DMD, MSD, FRANK CELENZA DDS, JOHN SPARAGA DMD, MOSCHOS A. PAPADOPOULOS DDS, DMD, KENJI OJIMA DDS, JAMES CHENG-YI LIN DDS

www.jco-online.com/archive/2015/02/83/

6. "Eruption guidance in the mixed dentition: A case report" Weon Kim, Tae & Park, Jae. (2008).

The Journal of clinical pediatric dentistry. 32. 331-9. 10.17796/jcpd.32.4.gt1504402674437p

- 7. 7 480.254 Patient Informed Consent Form. On file at ClearCorrect.
- 8. "Clear thinking about interproximal stripping" by C Frindel 2010 Journal of Dentofacial. DOI: 10.1051/odfen/2010208. J Dentofacial Anom Orthod 2010;13:187-199 https://www.jdao-journal.org/articles/odfen/pdf/2010/02/odfen2010132p187.pdf
- 9. "Dental Floss Selection and Its Impact on Evaluation of Interproximal Contacts in Licensure Exams." By Sorin T. Teich, Jay Joseph, Neimar Sartori, Masahiro Heima and Sillas Duarte. Journal of Dental Education June 2014, 78 (6) 921-926.

http://www.jdentaled.org/content/78/6/921.abstract

10. "Orthodontics. Part 3: Patient assessment and examination II." D Roberts-Harry & J Sandy.

British Dental Journal. Practice | Published: 22 November 2003. British Dental Journal volume 195, pages 563–565 (22 November 2003)

11. "Clear Aligners in Orthodontics" by L.G. Vijayaalakshmi & A. Sumathifelicita.

International Journal of Management, IT & Engineering. Vol. 7 Issue 7, July 2018. ISSN: 2249-0558 Impact Factor: 7.119

12. "The National Dental Practice-Based Research Network adult anterior open bite study: A description of the practitioners and patients" Kelly W. Choi; Hsiu-Ching Ko; Lauren S. Todoki; Samuel A. Finklemand; Roozbeh Khosravie; Hsuan-Fang Wang; Ellen Funkhouser; Camille Baltuck; Vishnu Raj; Veerasathpurush Allareddy; John C. Matunas; Michael E. Vermette; William E. Harrell Jr; Jorge C. Coro; Geoffrey M. Greenlee; Greg J. Huang; National Dental PBRN Collaborative Group. © 2018 by The EH Angle Education and Research Foundation, Inc.

Angle Orthodontist, Vol 88, No 6, 2018. DOI: 10.2319/070118-491.1

13. "Anterior Crossbite Correction with a Series of Clear Removable Appliances: A Case Report." Park, Jae & PhD, TAE. (2009).

Journal of Esthetic and Restorative Dentistry. 21. 149 - 159. 10.1111/j.1708-8240.2009.00257.x.

14. "Creative Adjuncts for Clear Aligners, Part 2: Intrusion, Rotation, and Extrusion" S. JAY BOWMAN, DMD, MSD, FRANK CELENZA, DDS, JOHN SPARAGA, DMD, MOSCHOS A. PAPADOPOULOS, DDS, DMD, KENJI OJIMA, DDS, JAMES CHENG-YI LIN, DDS.

JCO. VOLUME 49 : NUMBER 3 : PAGE 162 : Mar : 2015

15. "Inadvertent tooth movement with fixed lingual retainers" by Timothy G. Shaughnessy, William R. Proffit, Said A. Samara.

 $American Journal \ of \ Orthodontics \ and \ Dentofacial \ Orthopedics, Volume \ 149, Issue \ 2, 277-286.$

16. "Creative adjuncts for clear aligners to improve predictability" by Dr. S. Jay Bowman. 2019.

https://dentalworld.hu/creative-adjuncts-for-clear-aligners-to-improve-predictability/

17. "Dental Floss Selection and Its Impact on Evaluation of Interproximal Contacts in Licensure Exams" By Sorin T. Teich, Jay Joseph, Neimar Sartori, Masahiro Heima and Sillas Duarte. Journal of Dental Education June 2014, 78 (6) 921-926.

http://www.jdentaled.org/content/78/6/921.abstract

18. "The Effect of Attachment Placement and Location on Rotational Control of Conical Teeth Using Clear Aligner Therapy" Momtaz, Pouya. (2016). UNLV Theses, Dissertations, Professional Papers, and Capstones. 2712.

 $https://digitalscholarship.unlv.edu/theses dissertations/{\it 2712}$

