Pre-submission worksheet



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

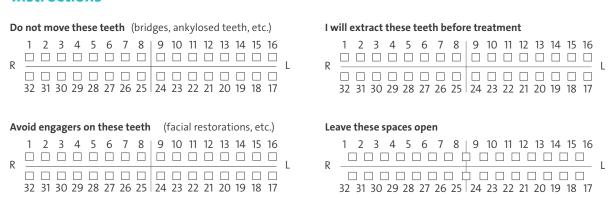
This optional worksheet can be used to prepare for submitting a case at dr.clearcorrect.com

Basic information						
Date/						
Doctor's name						
Patient's name						
Patient's gender OMale OF	emale Patient's dat	e of birth/	_/			
Duration O Recommended	O Limit to steps	Wear schedule ○ 1 W	eek O 10 Days O	2 Weeks O 3 Weeks		
Treat Arches O Upper Arch (O Lower Arch Der	ntition Type O Permane	nt O Mixed Dent	ition (aesthetic approac	h not applica	ıble)
		3,1		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
Chief Complaint						
T	-L					
Treatment Approac	dn					
○ Aesthetic						
☐ Improve overjet	☐ No IPR		☐ Level to the g	ingival margin	☐ Maint	ain existing midlines
☐ Improve Overbite	☐ No engage		☐ Improve upper midline only			
	☐ Do not mo	ove pre-molars	☐ Improve lowe	er midline only		
O Full Arch Correction						
Molar Relationship	0	Class I	O C	lass II		Class III
Right O Maintain O Correc	it 🗆	Include cutouts		clude cutouts		Include cutouts
Left O Maintain O Correc	t 📗	and slits for elastics Plan for extraction		nd slits for elastics an for extraction		and slits for elastics Plan for extraction
Canine Relationship		☐ Plan for surgical case		☐ Plan for surgical case		☐ Plan for surgical case
Right ○ Maintain ○ Correc	t :t		□ In	iclude posterior IPR		
Left O Maintain O Correc	t					
Dental Conditions (C	Optional)					
Spacing	Crossbite	○ Deep Bit	te	Crowding	0	Open Bite
☐ Distribute spacing	☐ Do not correct	☐ Intrude		☐ No IPR		Include cutouts
for restorative work	posterior crossbit Plan for surgical c			No arch expansionPosterior distalizatio		and slits for elastics
	☐ Include posterior	of Spee		☐ Plan for extraction	on \square	Plan for extraction Plan for surgical case
	bite ramps	☐ Include bite ram	posterior ips			O
		☐ Include bite ram				
Upper midline	n	Correct (left / right)	mm			
Lower midline	n 🔾 Improve 🤇	Correct (left / right)	mm			

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Instructions



Aditional Instructions