



Case Details (All fields are mandatory)

Patient Details:

Name:

Age:

Gender: Male Female

Date of Birth:

Dental Office Address:

Dental History:

- a. Prosthodontic Treatment
- b. Periodontal Treatment
- c. Endodontic Treatment
- d. Restoration
- e. Extractions
- f. Surgical Treatment
- g. Orthodontic Treatment

Medical history:

Current Medications:

Intra oral photographs: (Please indicate below which photographs are included)

- Frontal
- Right Lateral
- Left Lateral
- Upper Occlusal (Flipped)
- Lower Occlusal (Flipped)

Extra oral Photographs: (Please indicate below which photographs are included)

- 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:

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

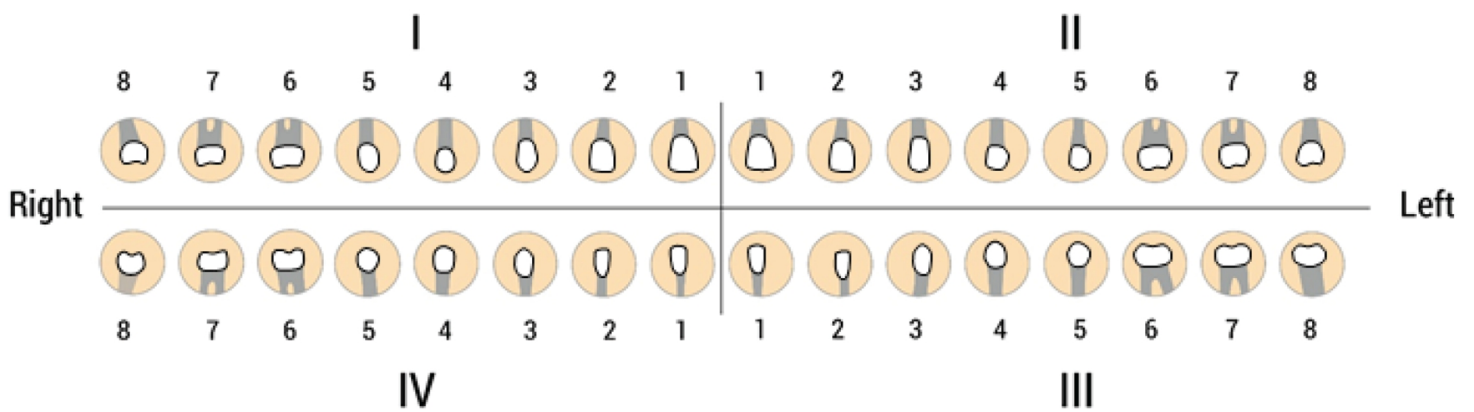
5. Molar Relationship:

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

Manitain

Ideal (1mm - 3 mm)

More than 3 mm

As Indiated: -----

5. OverJet Distance

Manitain

Ideal (1mm - 3 mm)

As Indiated: -----

6. Open Bite

- Anterior: Maintain
- Posterior: Maintain
- Not Applicable

As Indiated: -----

As Indiated: -----

7. Cross Bite

- Anterior: Manitain
- Posterior: Manitain
- Not Applicable

As Indiated: -----

As Indiated: -----

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 Indiated: -----

10. Archwidth

- Manitain (0-3mm)

As Indiated: -----

11. Interproximal Reduction

- No IPR
 - As needed
- (based on the software)

As indicated: -----

12. Spaces

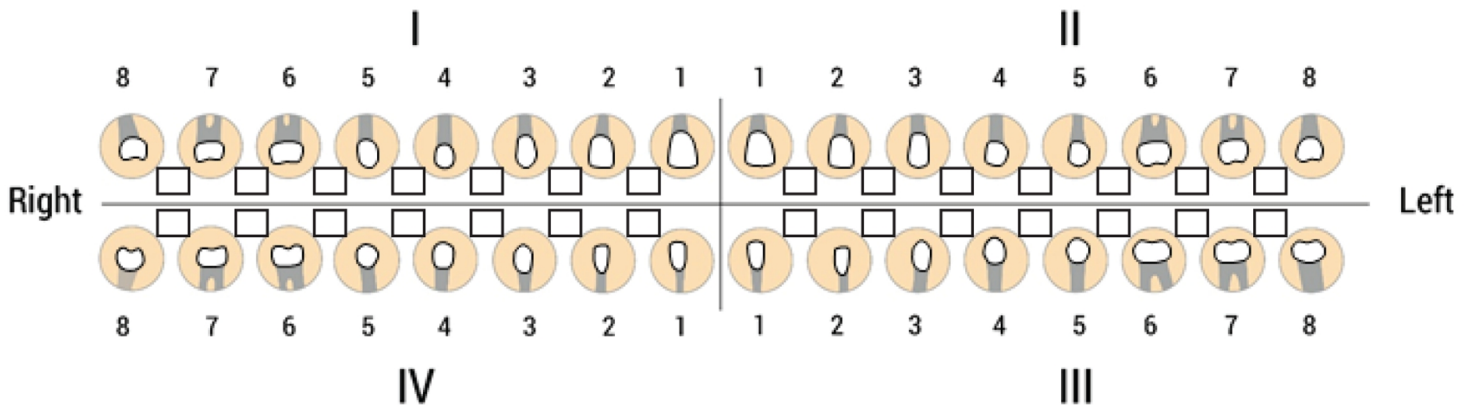
Close All Spaces

Not Applicable

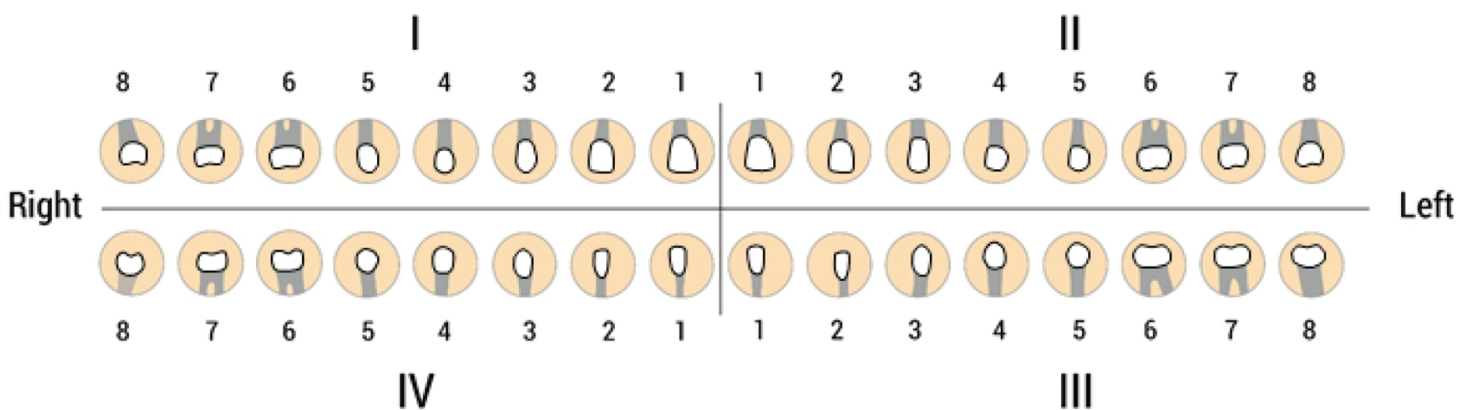
As indicated: -----

Other Instructions

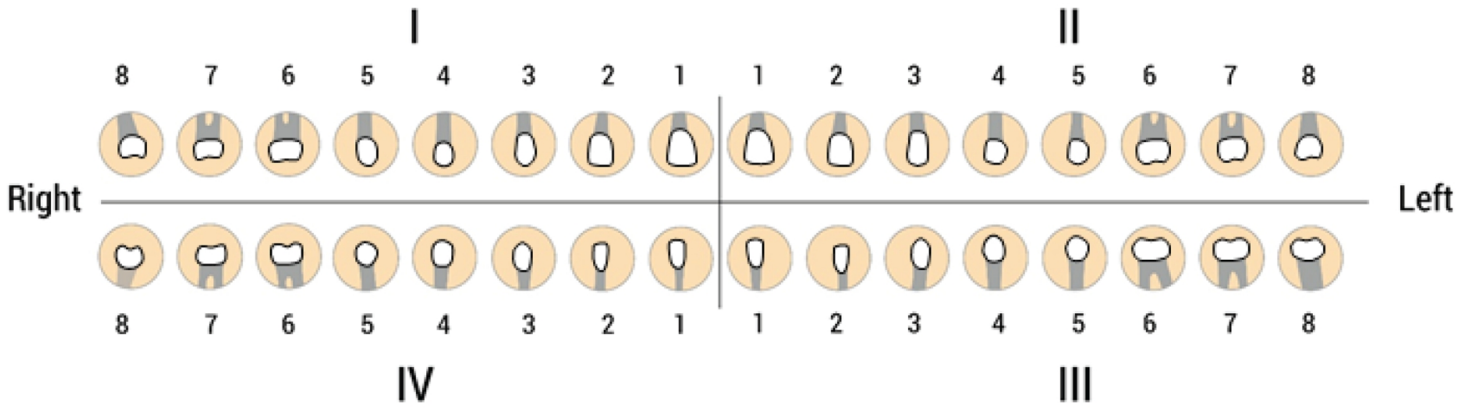
a. Leave these spaces open (Kindly colour the indicated teeth)



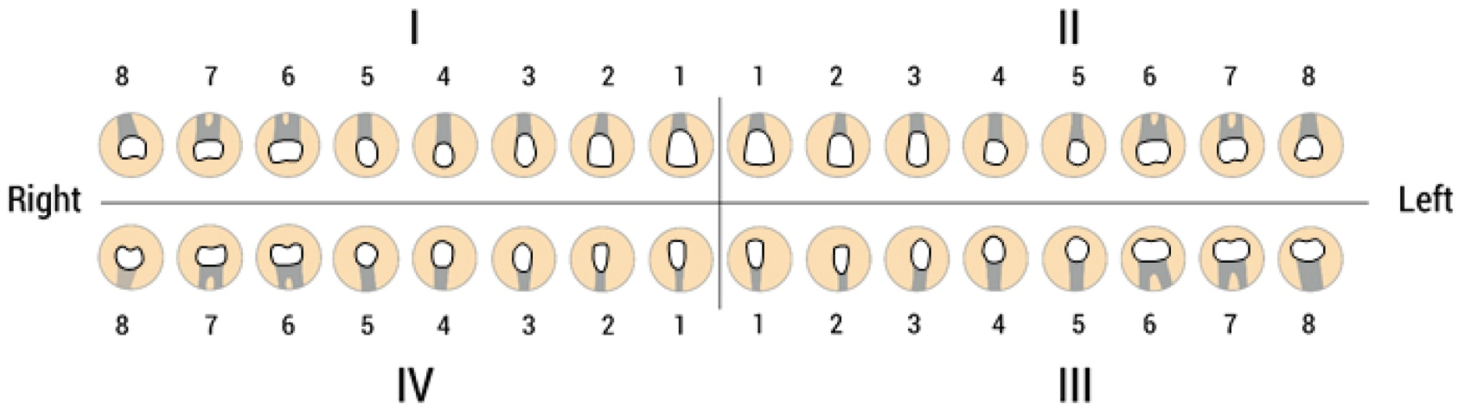
b. Do not move these teeth (Kindly colour the indicated teeth)



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



d. Avoid flash guides on these teeth



Special Instructions

