

Straight28™ Clear Aligner Prescription



BASIC INFORMATION

Date _____

Doctor's name _____

Patient's name _____

Patient's gender _____ Patient's date of birth ____/____/____

Requested Return Date _____ (Allow at least 2 weeks in lab)

INITIAL EXAMINATION DATA

Chief complaint:

Upper midline

centered
 shifted right ____ mm
 shifted left ____ mm

Lower midline

centered
 shifted right ____ mm
 shifted left ____ mm

Canine relationship

right: class ____
 left: class ____

Molar relationship

right: class ____
 left: class ____

INSTRUCTIONS

	Treat arches		
	upper	lower	
Upper midline	maintain	improve	idealize
Lower midline	maintain	improve	idealize
Overjet	maintain	improve	idealize
Overbite	maintain	improve	idealize
Arch form	maintain	improve	idealize
Canine relationship	maintain	improve	idealize
Molar relationship	maintain	improve	idealize
Posterior crossbite	maintain	improve	idealize
IPR	yes	no	only if needed
Engagers	yes	no	only if needed
Procline	yes	no	only if needed
Expand	yes	no	only if needed
Distalize	yes	no	only if needed

Other 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"/>
	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"/>
	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"/>
	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"/>
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

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