

General Information

Doctor's Name: _____ Doctor's Email: _____
 Patient's Name: _____ Gender: M F Date of Birth: _____

Present Clinical Condition

Patient's Chief Complaint: _____

Canine Class Relationship Right _____ Left _____
 Molar Class Relationship Right _____ Left _____
 Upper Midline: Centered Shifted Right _____ mm Shifted Left _____ mm
 Lower Midline: Centered Shifted Right _____ mm Shifted Left _____ mm

Instructions (Default options are highlighted in pink)

Treat Arches: Upper Lower
 Maintain Improve Idealize

Upper Midline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lower Midline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overjet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overbite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Canine Relationship	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Molar Relationship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posterior Crossbite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	If Needed
IPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distalize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Instructions: _____

Dr. Signature: _____

Date: _____ License No.: _____

Enclosed Records (Please email photos to info@smileshapers.com with patient and Doctor names)

Digital Scans PVS Impressions Bite Registration

X-rays:

Pano FMS

Photos:

Face Frontal Smiling
 Right Side in Occlusion (close-up)
 Left Side in Occlusion (close-up)
 Frontal in Occlusion (close-up)

Do not move these teeth:

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

Avoid engagers on these teeth:

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