RX FOR CLEAR ALIGNER DESIGN

Treatment plan instructions

ACTIVE ALIGNERS

Share your treatment goals and any preferences so we can prepare a plan for your review.

1 Case details

Doctor

Patient/case reference

Age Sex

Medications that may affect treatment

Relevant dental history

2 Treatment goals and preferences

What would your patient like to improve?

Treat ☐ Upper ☐ Lower

Treatment option ☐ 5-5 ☐ 7-7

Allow IPR ☐ Yes ☐ No

Allow attachments ☐ Yes ☐ No

Any preferences or areas to avoid?

3 Planning choices

Midlines (if needed)

☐ Maintain ☐ Improve

Move upper ☐ Left ☐ Right

Move lower ☐ Left ☐ Right

Canine relationship

☐ Maintain ☐ Improve left ☐ Improve right

Molar relationship

☐ Maintain ☐ Improve left ☐ Improve right

Level front teeth by

☐ Incisal edges ☐ Gingival margins

Overjet ☐ Maintain ☐ Improve

Overbite ☐ Maintain ☐ Improve

Tooth-size discrepancy

☐ IPR in opposite arch

☐ Leave spaces distal to lateral incisors

☐ Leave spaces distal to canines

Posterior crossbite

☐ Maintain

☐ Correct premolars

☐ Correct molars

4 Gum health and notes

Thin gingival attachment ☐ Yes ☐ No Teeth

Loss of attachment ☐ Yes ☐ No Teeth

Minimise movement in these areas? ☐ Yes ☐ No

Additional instructions

Anything to leave unchanged, planned restorative work or other details you would like the planner to consider?

The treating dentist is responsible for obtaining and interpreting appropriate radiographs and other diagnostic records.