



Rx for Clear Aligner Design

Doctor: _____

Patient: _____

TREATMENT SPECIFICATIONS

TREATMENT Upper Esthetic Treatment
(see below for details) Lower Esthetic Treatment

ALLOW IPR Yes
 No

ALLOW INCISOR Yes, tooth # _____

EXTRACTIONS No

ANKYLOSIS /
IMPLANT Yes, tooth # _____
 No
(tooth not moved)

MIDLINE
(mark only if needed)

Maintain: Yes, tooth # _____
 No

Move: Upper Left Right
 Lower Left Right

ANTERIOR POSTERIOR RELATION

Maintain: Right Left

Improve Canine Relationship Only: Right Left

CROWDING

Upper As Needed Primarily Lower As Needed Primarily
Expansion IPR Expansion IPR

OVERJET & OVERBITE

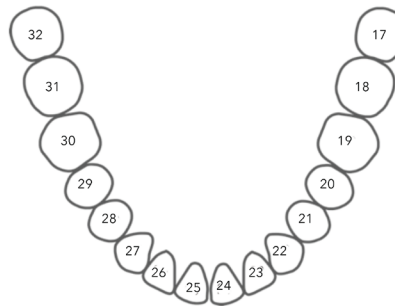
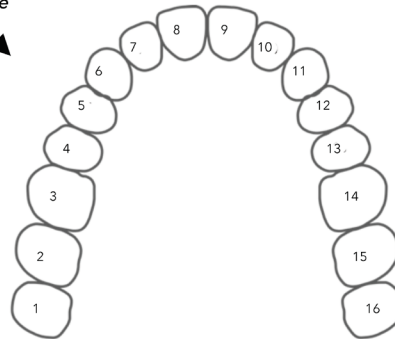
Overjet Overbite
Maintain Improve

TOOTH SIZE DISCREPANCY

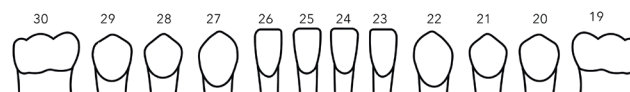
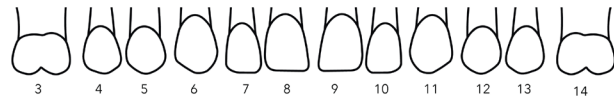
IPR In Opposite Arch
Leave Spaces Open Distal to Laterals
 Distal to Canines

Pano Provided Photos Provided

Specify where
IPR is
Excluded



Mark Where
Attachments
are Excluded:



COMMENTS, FURTHER SPECIFICATIONS:

Our aligners are cut straight across. While other aligner brands are trimmed in a scalloped fashion, ours are cut straight across the top, giving them optimal turning force to straighten your teeth and more comfortable.