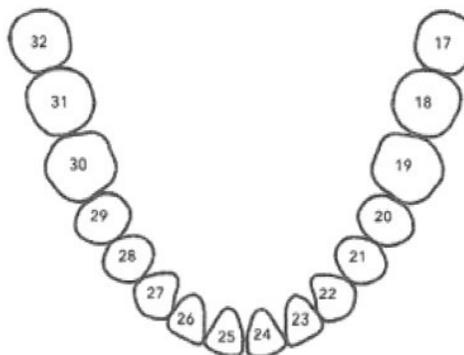
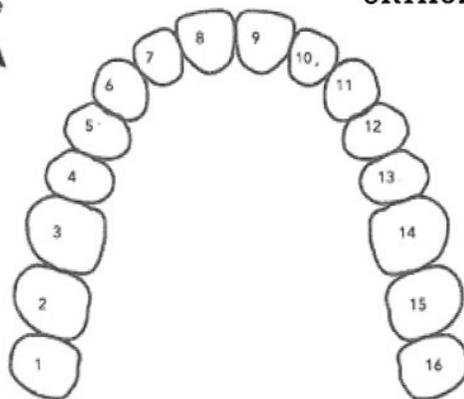


Rx for Clear Aligner Design

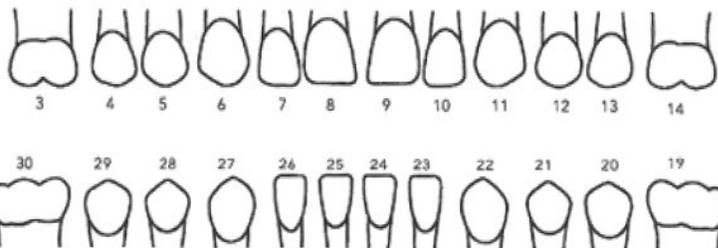
Doctor: _____

Patient: _____

Specify where
 IPR is
 Excluded



Mark Where
 Attachments
 are Excluded:



TREATMENT SPECIFICATIONS

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

ALLOW IPR Yes
 No

ALLOW INCISOR Yes, tooth # _____

EXTRACTIONS No

ANKYLOSIS / Yes, tooth # _____
 IMPLANT 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

COMMENTS, FURTHER SPECIFICATIONS: