

Pre-submission worksheet

FOR IN-OFFICE USE ONLY · DO NOT SUBMIT THIS FORM

This optional worksheet can be used to prepare for submitting a case at dr.clearcorrect.com.

BASIC INFORMATION

Date _____

Doctor's name _____

Patient's name _____

Patient's gender Male Female Patient's date of birth ____/____/____

Duration Recommend Limit to ____ steps

EXISTING CONDITION

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 Default options are highlighted in teal.

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

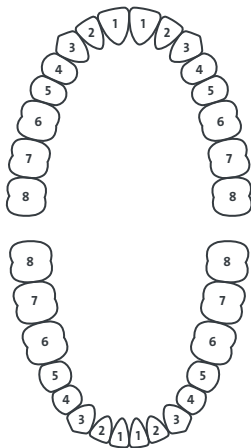
Engagers yes no only if needed

Procline yes no only if needed

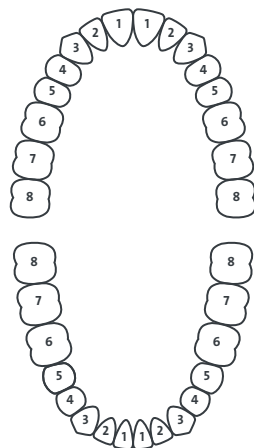
Expand yes no only if needed

Distalize yes no only if needed

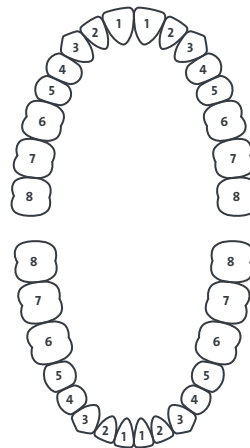
Avoid engagers on these teeth
(facial restorations, etc.)



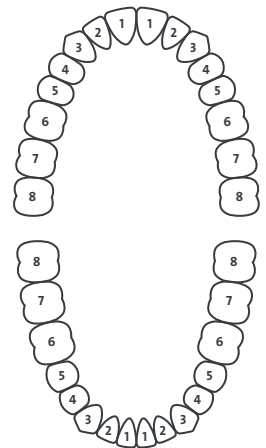
I will extract these teeth
before treatment



Leave these spaces open



Do not move these teeth
(bridges, ankylosed teeth, etc.)



Other instructions: