

# 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](http://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

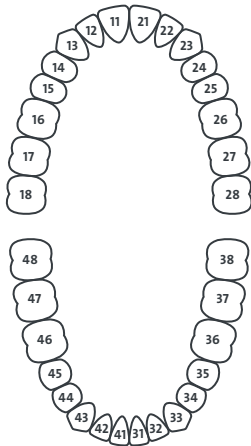
**Engagers**  yes  no  only if needed

**Procline**  yes  no  only if needed

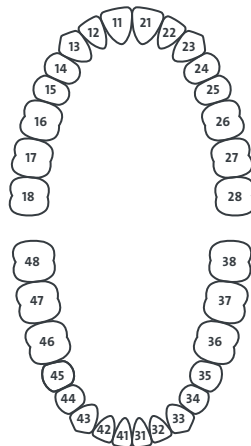
**Expand**  yes  no  only if needed

**Distalize**  yes  no  only if needed

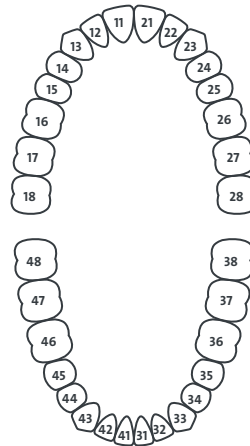
**Avoid engagers on these teeth**  
(facial restorations, etc.)



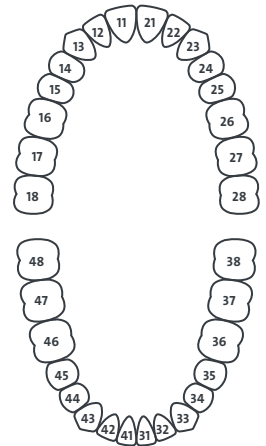
**I will extract these teeth**  
before treatment



**Leave these spaces open**



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



Other instructions: