

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

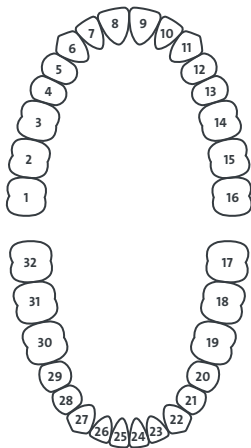
Engagers yes no only if needed

Procline yes no only if needed

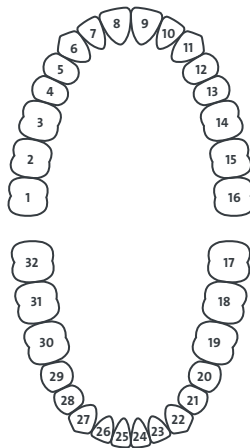
Expand yes no only if needed

Distalize yes no only if needed

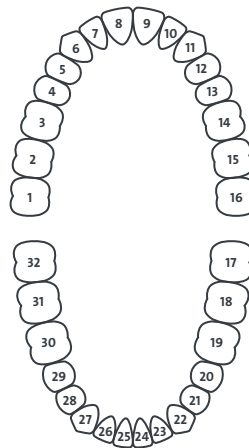
Avoid engagers on these teeth
(facial restorations, etc.)



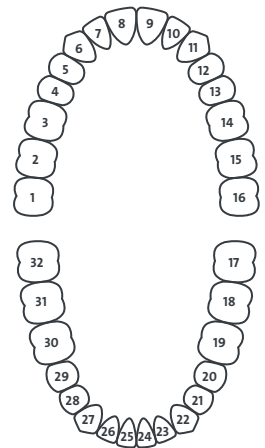
I will extract these teeth
before treatment



Leave these spaces open



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



Other instructions: