

Pre-submission worksheet

Do not submit this form to ClearCorrect. 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 <input type="radio"/> centered <input type="radio"/> shifted right ____ mm <input type="radio"/> shifted left ____ mm	Lower midline <input type="radio"/> centered <input type="radio"/> shifted right ____ mm <input type="radio"/> shifted left ____ mm	Canine relationship right: class ____ left: class ____	Molar relationship right: class ____ left: class ____
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INSTRUCTIONS Default options are highlighted in pink.

Treat arches upper lower

Upper midline	<input type="radio"/> maintain	<input type="radio"/> improve	<input type="radio"/> idealize
Lower midline	<input type="radio"/> maintain	<input type="radio"/> improve	<input type="radio"/> idealize
Overjet	<input type="radio"/> maintain	<input type="radio"/> improve	<input type="radio"/> idealize
Overbite	<input type="radio"/> maintain	<input type="radio"/> improve	<input type="radio"/> idealize
Arch form	<input type="radio"/> maintain	<input type="radio"/> improve	<input type="radio"/> idealize
Canine relationship	<input type="radio"/> maintain	<input type="radio"/> improve	<input type="radio"/> idealize
Molar relationship	<input type="radio"/> maintain	<input type="radio"/> improve	<input type="radio"/> idealize
Posterior crossbite	<input type="radio"/> maintain	<input type="radio"/> improve	<input type="radio"/> idealize
IPR	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> only if needed	
Engagers	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> only if needed	
Procline	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> only if needed	
Expand	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> only if needed	
Distalize	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> only if needed	

Other instructions:

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

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R										L							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	

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

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R										L							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	

I will extract these teeth before treatment

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R										L							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	

Leave these spaces open

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R										L							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	

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