

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

- 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 green.

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

Other instructions:

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	<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"/>	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	<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"/>	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

I will extract these teeth before treatment

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	<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"/>	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Leave these spaces open

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	<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"/>	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

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