

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.)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<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
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

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

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<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
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

I will extract these teeth before treatment

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<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
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Leave these spaces open

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<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
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