

Rx FOR CLEAR ALIGNER DESIGN



GENERAL INFORMATION:

Doctor: _____

Patient: _____

TREATMENT SPECIFICATION

DO YOU WANT TO ALIGN THE TREATMENT FROM

(molar movements are not allowed)

- 3-3 (anterior only)
 5-5 (2nd premolar to 2nd premolar)

TREATMENT (see below for details)

- Upper Esthetic Treatment
 Lower Esthetic Treatment

ALLOW IPR

- Yes
 No

ALLOW ATTACHMENTS

- Yes
 No

MIDLINE (mark only if needed)

Midlines. Do you want to?

- Improve
 Maintain

MAINTAIN

- Upper
 Lower

MOVE

- Upper Left Right
 Lower Left Right

ANTERIOR POSTERIOR RELATION

MAINTAIN

- Upper Lower

IMPROVE CANINE RELATIONSHIP ONLY

- Left Right

HOW DO YOU WANT TO LEVEL THE ANTERIOR TEETH?

- Incisal edges
 Gingival margins

OVERJET & OVERBITE

OVERJET

- Maintain
 Improve

OVERBITE

- Maintain
 Improve

TOOTH SIZE DISCREPANCY

IPR IN OPPOSITE ARCH LEAVE SPACES OPEN

- Distal to Laterals
 Distal to Canines

ADDITIONAL COMMENTS



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