



**TREATMENT OPTIONS:** Cont'd

**PATIENT NAME:** \_\_\_\_\_

- Correct To Class I:** Minor movement only.  
 Canine    Right    Left    Molar    Right    Left

- Overbite Correction**  
 Maintain Existing Overbite  
 Improve Overbite, Set To:  
 1-2mm    2-3mm    Increase    Decrease  
 Extrude  
 Anterior    Upper    Lower  
 Posterior    Upper    Lower  
 Intrude  
 Anterior    Upper    Lower  
 Posterior    Upper    Lower

- Overjet Correction**  
 Maintain Existing Overjet  
 Improve Overjet, Set To:  
 0-1mm    1-2mm    2-3mm  
 Increase    Decrease

- Anterior Crown Torque**  
 Upper  
 Increase    Decrease  
 Lower  
 Increase    Decrease

- Posterior Crown Torque**  
 Upper  
 Increase    Decrease  
 Lower  
 Increase    Decrease

- Midline Correction**  
 Maintain Existing Midline (Possibly Requires Interproximal Reduction)  
 Improve Midline With Interproximal Reduction  
 Upper    To Patient's Right    To Patient's Left  
 Lower    To Patient's Right    To Patient's Left

- Crowding**
- |  |  |
|--|--|
| <input type="checkbox"/> Upper<br><input type="checkbox"/> Maintain Existing Archform (Possibly Requires Interproximal Reduction)<br><input type="checkbox"/> Develop Inner Canine Width <input type="checkbox"/> 0-1mm <input type="checkbox"/> 1-2mm<br><input type="checkbox"/> Develop Inner Canine & Molar Width <input type="checkbox"/> 0-1mm <input type="checkbox"/> 1-2mm<br><input type="checkbox"/> Fit Upper to Lower | <input type="checkbox"/> Lower<br><input type="checkbox"/> Maintain Existing Archform (Possibly Requires Interproximal Reduction)<br><input type="checkbox"/> Upright Posterior Teeth<br><input type="checkbox"/> Fit Lower To Upper |
|--|--|

**Space**

UR	<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"/>	<input type="checkbox"/>	UL
	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
LR	<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"/>	<input type="checkbox"/>	LL

Close All Spaces  
 Leave Spaces Between Teeth Noted On Chart

**RETENTION OPTIONS:**

- Upper    Lower    Defend® Invisible Retainers    EZ-Clear : Single Retainer  
 Defend2® : 2 Retainers Per Arch  
 Defend3® : 3 Retainers Per Arch  
 Defend4® : 4 Retainers Per Arch

**SUBMISSION METHOD:**  Digital File Transfer    Return Digital Models    Stone Models Or Impressions Sent    Return Original Models  
\*additional postage charge will apply

- CONTACT OFFICE**  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**TREATMENT REVIEW:** *Recommended with ANY system.*  
*Fabrication Time is 7-10 Days After Treatment Review Approved*  
 **YES** Email Address \_\_\_\_\_  
 **NO** If no review is needed, fabrication will begin immediately.

COMMENTS

PHONE NUMBER	SIGNATURE	PRINT NAME
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