TRU-SMILE
Clear Aligners

GENERAL INFORMATION

Dr.'s Name: _____

Dr.'s Email: _____ Dr.'s Phone Number: _____

Dr.'s Street Address: _____ Dr.'s City: _____ Dr.'s State: _____ Dr.'s ZIP Code: _____

Patient's Name: _____ Gender: ☐ M ☐ F Date of Birth: _____

PRESENT CLINICAL CONDITION

Patient's Chief Complaint: _____

_____

_____

Canine Class Relationship	Right _____	Left _____	
Molar Class Relationship	Right _____	Left _____	
Upper Midline:	☐ Centered	☐ Shifted Right _____ mm	☐ Shifted Left _____ mm
Lower Midline:	☐ Centered	☐ Shifted Right _____ mm	☐ Shifted Left _____ mm

INSTRUCTIONS (Default options are highlighted in blue)

Treat Arches: ☐ Upper ☐ Lower

RETAINERS (Should proposed treatment plan contain attachments Tru-Smile recommends waiting to order retainers once the treatment plan has been completed.)

	Maintain	Improve	Idealize
☐ Upper Midline	☐	☐	☐
☐ Lower Midline	☐	☐	☐
☐ Overjet	☐	☐	☐
☐ Overbite	☐	☐	☐
☐ Canine Relationship	☐	☐	☐
☐ Molar Relationship	☐	☐	☐
☐ Posterior Crossbite	☐	☐	☐

	Yes	No	If Needed
☐ IPR	☐	☐	☐
☐ Engagers	☐	☐	☐
☐ Procline	☐	☐	☐
☐ Expand	☐	☐	☐
☐ Distalize	☐	☐	☐

SPECIAL INSTRUCTIONS: _____

_____

_____

_____

DR. SIGNATURE: _____

DATE: _____ LICENSE NO.: _____

ENCLOSED RECORDS

☐ Digital Scans ☐ PVS Impressions

☐ Bite Registration

X-rays:

☐ Pano ☐ FMS

Photos:

☐ Face Frontal Smiling

☐ Right Side in Occlusion (close-up)

☐ Left Side in Occlusion (close-up)

☐ Frontal in Occlusion (close-up)

Do not move these teeth:

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

Avoid engagers on these teeth:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	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

32 ☐ 31 ☐ 30 ☐ 29 ☐ 28 ☐ 27 ☐ 26 ☐ 25 ☐ 24 ☐ 23 ☐ 22 ☐ 21 ☐ 20 ☐ 19 ☐ 18 ☐ 17