



— Powered By —

**General Information**

Doctor's Name: _____ Doctor's Email: _____
 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 pink)

☐ New Order/Case ☐ Refinement Case
 If Refinement, original case # _____
 Original length of treatment: _____
 Treat Arches: ☐ Upper ☐ Lower

	Maintain	Improve	Idealize
<input type="checkbox"/> Upper Midline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lower Midline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Overjet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Overbite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Canine Relationship	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Molar Relationship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Posterior Crossbite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	If Needed
<input type="checkbox"/> IPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Engagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Procline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Expand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Distalize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Instructions:

Dr. Signature: _____

Date: _____ License No.: _____

Enclosed Records (Please email photos to aligners@edplabs.com with patient and Doctor names)

☐ Digital Scans ☐ PVS Impressions ☐ Bite Registration

X-rays and Photos

☐ Pano ☐ FMS ☐ Photos

Do not move these teeth:

	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"/>
	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	<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"/>
	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"/>
	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

Retainers (Smile Shapers recommends waiting for the treatment plan to be completed to fabricate the final retainers)

☐ Include 3 Pack Retainer & Extended Care Package