CustomClear
Anterior Alignment Therapy

LABORATORY FORM
BASIC INFORMATION

ORTHO CARE (UK) Limited

Doctor's Name _____
Practice Name: _____
Practice Address: _____

Post Code: _____
Telephone: _____
Email: _____

Patient's Name _____
Date of Birth: _____
Gender: M ☐ F ☐ ttŜl·ăŜ ℕŜűdzℕyϒϒ2ŘŜťă óɱнΦфp t ɔ t ŎKl·ℕƎŜú ☐

Case Type: ¦ LJLJŜℕ ☐ L2ǿŜℕ ☐ .2űK ☐

Preferred Return Date: _____

Requirements: _____

Chief Complaint _____

Upper midline ☐	Lower midline ☐	Digital Treatment Assessment Plan Required ☐
Centred ☐	Centred ☐	Canine Relationship / Molar Relationship
shifted right ___ mm	shifted right ___ mm	right: class _____ / right: class _____
shifted left ___ mm	shifted left ___ mm	left: class _____ / left: class _____

INSTRUCTIONS: (If left blank, default actions highlighted in grey will be performed)

Treat arches	☐ Upper	☐ Lower
Upper midline	☐ maintain	☐ improve
Lower midline	☐ maintain	☐ improve
Overbite	☐ maintain	☐ improve
Overjet	☐ maintain	☐ improve
Arch form	☐ maintain	☐ improve
Canine relationship	☐ maintain	☐ improve
Molar relationship	☐ maintain	☐ improve
Posterior crossbite	☐ maintain	☐ improve

Procline	☐ Yes	☐ No	☐ Only if needed
Expand	☐ Yes	☐ No	☐ Only if needed
IPR	☐ Yes	☐ No	☐ Only if needed
Close all spaces	☐ Yes	☐ No	☐ Only if needed

Do not move these teeth (bridges, ankylosed teeth, etc.)

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
R L
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

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

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
R L
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

I want to extract these teeth

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
R L
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Other instructions _____

Please contact us for more help:
info@orthocare.co.uk . Telephone 01274 533233
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