



Anterior Aesthetic Alignment



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REFINEMENT AND MID-COURSE CORRECTION

Account number

Dentist

Invoice Name.....

Date

Address.....

Phone.....

Email

Patient Name.....

Patient D.O.B.....

CASE CHECK LIST

- OPG
LATERAL CEPH
8 CLINICAL IMAGES
BITE REGISTRATION
UPPER PVS IMPRESSION
LOWER PVS IMPRESSION

PLEASE SEND ALL OF THE ABOVE WITH LAB SHEET

OFFICE USE ONLY:

I. Select one of these options

REFINEMENT

Select this option if at the end of treatment, additional movements are desired.

Instructions:

- A: Hold patient at final/best-fitting aligner
B: If the aligner(s) fully seat(s) and the final clinical result resembles the last stage of originally approved setup send ONLY NEW PHOTOS.
C: If the aligner does not fully seat, and/or the clinical result is unsatisfactory PVS IMPRESSION OF ARCHES NEEDING REFINEMENT is required, along with a PVS BITE REGISTRATION.

MID-COURSE CORRECTION

Select this option if during the course of treatment the aligner(s) no longer fit. Due to poor patient compliance, restorative changes, change in doctor's treatment goals, etc

Instructions:

- A: Hold patient at current/best-fitting aligner.
B: Prior to taking new impression(s), remove existing attachments as new/different attachments may be required.
C: Send NEW PHOTOS, PVS IMPRESSION(S) OF ARCHES NEEDING CORRECTION, and a PVS BITE REGISTRATION.

2. Please answer the following questions

- A. What aligner number is the patient currently wearing? UPPER #.....of..... LOWER #.....of..... (Write "X" if arch not originally treated)
B. Would you like the same treatment plan as originally prescribed? UPPER: Yes No N/A LOWER: Yes No N/A If No, please give specific instructions in section 3.
C. Are you sending a new PVS impression with this order? Yes No
D. Is this order due to poor patient compliance, restorative changes or a change in the doctor's treatment goals? Yes No
E. Choose one: Move only teeth specifically indicated below in section 3. Move teeth indicated below and any other teeth needing alignment.

3. Indicate your detailed instructions and/or new treatment goals below:

Table with 2 columns: Upper Arch Tooth #, Detailed Treatment Instructions (Arch will not be treated if instructions are blank). Includes rows for Lower Arch Tooth # as well.