

**REFINEMENT AND MID-COURSE CORRECTION**

Account number

Dentist .....

Invoice Name.....

Date .....

Address.....

Phone.....

Email .....

Patient Name.....

Patient D.O.B.....

**1. 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:**

**Upper Arch Tooth # Detailed Treatment Instructions** (Arch will not be treated if instructions are blank)

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**Lower Arch Tooth # Detailed Treatment Instructions** (Arch will not be treated if instructions are blank)

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**CASE CHECK LIST**

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

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