Dentsply Sirona

SureSmile® Advanced Treatment Discrepancy Report

Directions: Please complete this form when results are not as expected. Fax completed form to SureSmile Customer Care at (972) 728-5601 or email to SureSmile-Customer-Care@dentsplysirona.com. Provide a full set of photos with the latest wire visible and any additional photos necessary to highlight the discrepancy.

Section 1: Practice/Patient Information	
Date:	Practice Name:
Doctor:	Address:
Contact Person:	City, State, Zip Code:
Phone Number:	Patient ID #:

Section 2: Have you used the progress evaluation checklist to attempt correction?	
☐ YES, I have used the progress evaluation checklist to attempt correction. Please answer questions 1 and 2 below and complete Sections 3 and 4. Thank you!	☐ NO, I have not used the progress evaluation checklist to attempt correction.
1. Findings:	Please attempt correction using the progress evaluation checklist before completing this form.
2. Results after Modification Wire(s) reached full expression:	If you have questions about this process, please contact Customer Care.

Section 3: Wire Modification Information			
☐ Yes	☐ No	Was a new 100% wire with modifications ordered?	
		Wire type?	
		Date wire inserted:	

Section 4: Discrepancy Details/Additional Information		
☐ Yes	☐ No	Was the patient compliant?
☐ Yes	☐ No	Have anticipated global corrections from your approved treatment plan been achieved?
☐ Yes	☐ No	Did brackets come loose that required rebonding?
☐ Yes	☐ No	Was an update scan performed?
☐ Yes	☐ No	Have the latest wires been inserted for at least six to eight weeks to allow for full expression?
☐ Yes	☐ No	Is the wire positioned properly?

Select the appropriate tooth	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Buccal/Lingual	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Occlusal/Gingival	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Torque Facial/Lingual	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Angulation Mesial/Distal	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Rotation Mesial/Distal	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Select the appropriate tooth	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Buccal/Lingual	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Occlusal/Gingival	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Torque Facial/Lingual	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Angulation Mesial/Distal	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Rotation Mesial/Distal	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Please provide a full set of photos with the latest wire visible and any additional photos necessary to highlight the discrepancy.

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