

SureSmile® Aligners



SureSmile® Advanced Aligner Prescription Form (MACROS)

Midline

- | | | | |
|---|---|---|--|
| <input type="radio"/> Maintain | <input type="radio"/> Move Lower to Upper | Dental Movement: (only need to select if choosing options "Move Upper to Lower" or "Move Lower to Upper") | |
| <input type="radio"/> Move Upper to Lower | <input type="radio"/> Independent (Move both)
*Describe in Notes | | |
| | | <input type="radio"/> Space Management | <input type="radio"/> Asymmetrical IPR |

Notes:

Archform

- | | |
|---|---------------------------------------|
| <input type="radio"/> Maintain Relationship | <input type="radio"/> Adjust to Upper |
| <input type="radio"/> Independent
*Describe in Notes | <input type="radio"/> Adjust to Lower |

Notes:

Class

- | | | | | | |
|-------------------------------------|--------------------------------|-------------------------------|--------------------------------|---------------------------------|--------------------------------|
| <input type="radio"/> Maintain | | Overjet: | <input type="radio"/> Ideal | <input type="radio"/> Gap | |
| <input type="radio"/> Correct | | | | | |
| <input type="radio"/> Right Molar: | <input type="radio"/> Maintain | <input type="radio"/> Class I | <input type="radio"/> Class II | <input type="radio"/> Class III | <input type="radio"/> Best Fit |
| <input type="radio"/> Right Canine: | <input type="radio"/> Maintain | <input type="radio"/> Class I | <input type="radio"/> Class II | <input type="radio"/> Class III | <input type="radio"/> Best Fit |
| <input type="radio"/> Left Molar: | <input type="radio"/> Maintain | <input type="radio"/> Class I | <input type="radio"/> Class II | <input type="radio"/> Class III | <input type="radio"/> Best Fit |
| <input type="radio"/> Left Canine: | <input type="radio"/> Maintain | <input type="radio"/> Class I | <input type="radio"/> Class II | <input type="radio"/> Class III | <input type="radio"/> Best Fit |

Notes:

Resolutions

Resolve Tooth Size Issues:

☐ IPR

☐ Restorative (No IPR)

Location: ☐ Upper ☐ None ☐ 3-3 ☐ 4-4 ☐ 6-6
☐ Lower ☐ None ☐ 3-3 ☐ 4-4 ☐ 6-6

Accept Best Fit (No IPR, No Restorative)

Prioritize ☐ Overjet ☐ Class

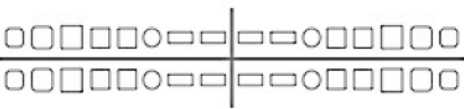
Resolve Restorative ssues:

Resolve Space Closure Issues:

Notes:

Limits:
Maximum Ant. IPR/contact ____mm

Tooth Movement Restrictions:



Occlusal Plane

Notes:

Special Instructions

Aligner Constraints

- ☐ Clinic Single Group Crowding
- ☐ Clinic Multi Group Crowding
- ☐ Clinic Single Group Spacing
- ☐ Clinic Multi Group Spacing
- ☐ Other: _____

Automated Attachment Placement

- ☐ Standard ☐ No Automated Attachment Placement
- ☐ Keep already placed attachments

Upper Aligner Trim Type: ☐ Straight ____mm ☐ Scalloped
Lower Aligner Trim Type: ☐ Straight ____mm ☐ Scalloped

Notes: