

SureSmile[®] Aligners



SureSmile Advanced Aligner Prescription Form (MACROS)

Midline

- Maintain Move Lower to Upper
- Move Upper to Lower Independent (Move both)
*Describe in Notes

Dental Movement: (only need to select if choosing options "Move Upper to Lower" or "Move Lower to Upper")

- Space Management Asymmetrical IPR

Notes:

Archform

- Maintain Relationship Adjust to Upper
- Independent *Describe in notes Adjust to Lower

Notes:

Class

- Maintain
- Overjet: Ideal Gap
- Correct:
- | | | | | | |
|---------------|--------------------------------|-------------------------------|--------------------------------|---------------------------------|--------------------------------|
| 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 |
| 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 |
| 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 |
| 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:

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SureSmile Advanced Aligner Prescription (MACROS) *Continued*



Resolutions

Resolve Tooth Size Issues:

- 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

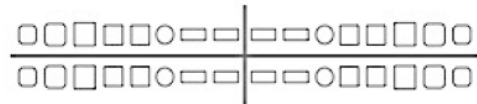
Resolve Space Closure Issues:

- Restorative (No IPR)

Resolve Restorative Issues:

Limits:
Maximum Ant. IPR/contact ___ mm

Tooth Movement Restrictions:



Notes:

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: