

Use this checklist to help ensure patients are following correct procedures for proper wear and care of their aligners.

Patient's name: \_\_\_\_\_

Date: \_\_\_\_\_ Current aligner #: \_\_\_\_\_ Date treatment started: \_\_\_\_\_

Item	Notes	Checked
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## 1. Patient compliance

Hours of wear per day		<input type="checkbox"/>
Auxiliary wear (buttons and elastics, sectionals, etc.):	+ _____ or - _____	<input type="checkbox"/>

## 2. Oral hygiene

Teeth:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/>
Aligners:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/>
Next scheduled hygiene appointment:	_____	<input type="checkbox"/>			

## 3. Interproximal contacts *(check with unwaxed floss and circle below)*

Interferences:	<b>R</b> 1 2 3 4 5 6 7 8 • 9 10 11 12 13 14 15 16 <b>L</b>	<input type="checkbox"/>
	<b>R</b> 32 31 30 29 28 27 26 25 • 24 23 22 21 20 19 18 17 <b>L</b>	<input type="checkbox"/>

## 4. Fit of current aligner *(check with articulation paper or wax pencil)*

Attachments tracking:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Evaluate gums for sore spot:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>

## 5. Fit next aligner

Fully engaged:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Attachments tracking:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>

## 6. Schedule next appointment

Routine aligner fitting and check:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Detail appointment, including (Note of affected teeth):	IPR: _____	Attachments: Place _____ Remove _____	<input type="checkbox"/>
	Buttons: Place _____ Remove _____		

## 7. Was patient's chief complaint addressed?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>		
Check the box that applies:	<input type="checkbox"/> Gap/Diastema	<input type="checkbox"/> Space Reduction	<input type="checkbox"/> Crossbite	<input type="checkbox"/> Bite Correction	<input type="checkbox"/>
	<input type="checkbox"/> Crowding	<input type="checkbox"/> Other _____			