

Case Submission Checklist

Patient Information

First name: _____ Middle name: _____ Last name: _____

Patient ID Number (office #-patient ID): _____ XXXX-XXXXX _____ Date of Birth: _____

Male or Female: _____ Patient Email: _____

Status (circle one): **New treatment** or **Completed Treatment**

Case Information

Chief Complaint: _____

Treatment information

Treatment plan text: _____

Final Class Desired (circle all that apply):

Molar Relationship: **R** I II III **L** I II III

Canine (Cuspid) Relationship: **R** I II III **L** I II III

Final Overjet Required: _____ mm

Final Overbite Required: _____ mm

Extractions (in orthodontic numbering system):

Upper: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Lower: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Tooth eruption, bridge or implant (Indicate width of implant/prosthesis space in mm):

Upper: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Lower: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Passive / Active Aligners

Passive – number of upper and lower aligners always the same Active – number of upper and lower aligners may be different

Case Submission Requirements

Imaging Submitted Online

- Panorex image
- Digital Impressions

Or Mail Traditional Impressions

- Upper and lower PVS impressions
- Bite registration (full-arch)
- Print-out with Patient ID and Case Number from Portal

Extra-oral photos Submitted Online

(Composite layout or individual photos)

- Front smile photo
- Profile photo
- Front photo of teeth in occlusion
- Front photo of teeth separated
- Left buccal photo of teeth (canine to molar)
- Right buccal photo of teeth (canine to molar)
- Upper occlusion full-arch photo of teeth
- Lower occlusion full-arch photo of teeth

Mailing contact person

Doctor Signature

Signature of Person Submitting Case Online

Date