smile shapers

— Powered By —

SELSER dental laboratory

## General Information

Doctor's Name: ______________________ Doctor's Email: ______________________

Patient's Name: ______________________ Gender: ☐ M ☐ F Date of Birth: ______________________

## Present Clinical Condition

Patient's Chief Complaint: ______________________

| | | | | | |
|---|---|---|---|---|---|
| Canine Class Relationship | Right ______ | Left ______ | | | |
| Molar Class Relationship | Right ______ | Left ______ | | | |
| Upper Midline: | ☐ Centered | ☐ Shifted Right ______ mm | | ☐ Shifted Left ______ mm | |
| Lower Midline: | ☐ Centered | ☐ Shifted Right ______ mm | | ☐ Shifted Left ______ mm | |

## Instructions (Default options are highlighted in pink)

Treat Arches: ☐ Upper ☐ Lower

| | Maintain | Improve | Idealize |
|---|---|---|---|
| ☐ Upper Midline | ☐ | ☐ | ☐ |
| ☐ Lower Midline | ☐ | ☐ | ☐ |
| ☐ Overjet | ☐ | ☐ | ☐ |
| ☐ Overbite | ☐ | ☐ | ☐ |
| ☐ Canine Relationship | ☐ | ☐ | ☐ |
| ☐ Molar Relationship | ☐ | ☐ | ☐ |
| ☐ Posterior Crossbite | ☐ | ☐ | ☐ |

| | Yes | No | If Needed |
|---|---|---|---|
| ☐ IPR | ☐ | ☐ | ☐ |
| ☐ Engagers | ☐ | ☐ | ☐ |
| ☐ Procline | ☐ | ☐ | ☐ |
| ☐ Expand | ☐ | ☐ | ☐ |
| ☐ Distalize | ☐ | ☐ | ☐ |

## Special Instructions: ______________________

**Dr. Signature:** ______________________

**Date:** __________ **License No.:** __________

## Enclosed Records (Please email photos to photos@smileshapers.com with patient and Doctor names)

☐ Digital Scans ☐ PVS Impressions ☐ Bite Registration

X-rays:

☐ Pano ☐ FMS

Photos:

☐ Face Frontal Smiling
☐ Right Side in Occlusion (close-up)
☐ Left Side in Occlusion (close-up)
☐ Frontal in Occlusion (close-up)

## Do not move these teeth:

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| R | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | L |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

## Avoid engagers on these teeth:

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| R | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | L |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

## I will extract these teeth before treatment:

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| R | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | L |
| | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

## Leave these spaces open:

1☐2☐3☐4☐5☐6☐7☐8☐9☐10☐11☐12☐13☐14☐15☐16

32☐31☐30☐29☐28☐27☐26☐25☐24☐23☐22☐21☐20☐19☐18☐17