

Instruction Number:

Patient's Name :

Order Date:

Required Date:

Work Order Details:

SI No:

### DentCare Dental Lab (Australia) Pty Ltd.

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## INSTRUCTIONS FOR DENTCARE CLEAR ALIGNER

### DOCTOR DETAILS

### PATIENT DETAILS

Barcode Sticker	Name: (IN BLOCK LETTERS) <input type="text"/>	Name: (IN BLOCK LETTERS) <input type="text"/>
	Clinic: .....	Age: ..... <input type="checkbox"/> Male <input type="checkbox"/> Female
	Place: .....	Order Date: Required Date:
	Phone: .....	

<p><b>EXISTING CONDITION</b></p> <p>Chief Complaint: .....</p> <p>Habits <input type="checkbox"/> Tongue Thrusting <input type="checkbox"/> Thumb Sucking</p> <p>H/O Long Term Medication .....</p> <p>Skeletal Base <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3</p> <p>Periodontal Condition <input type="checkbox"/> Good <input type="checkbox"/> Weak <input type="checkbox"/> Compromised</p> <p>High Frenal Attachment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dentition <input type="checkbox"/> Mixed <input type="checkbox"/> Permanent</p> <p>Upper Midline to Facial Midline .....</p>	<p><b>ENCLOSED *</b> <input type="checkbox"/> PVS Impression <input type="checkbox"/> Model  <input type="checkbox"/> Bite Registration <input type="checkbox"/> Patient Consent Form  <i>Both Upper and Lower Impressions Required</i></p> <p><b>PHOTOGRAPHS *</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Intra Oral</b></td> <td style="width: 50%;"><b>Extra Oral</b></td> </tr> <tr> <td><input type="checkbox"/> Upper Occlusal View</td> <td><input type="checkbox"/> Lateral View</td> </tr> <tr> <td><input type="checkbox"/> Lower Occlusal View</td> <td><input type="checkbox"/> Anterior View</td> </tr> <tr> <td><input type="checkbox"/> Left Lateral View</td> <td><input type="checkbox"/> Smile</td> </tr> <tr> <td><input type="checkbox"/> Right Lateral View</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Anterior View</td> <td></td> </tr> </table> <p><b>REQUIRED SCAN **</b></p> <input type="checkbox"/> Orthopantomogram (OPG) <input type="checkbox"/> CBCT <input type="checkbox"/> Lateral Cephalogram	<b>Intra Oral</b>	<b>Extra Oral</b>	<input type="checkbox"/> Upper Occlusal View	<input type="checkbox"/> Lateral View	<input type="checkbox"/> Lower Occlusal View	<input type="checkbox"/> Anterior View	<input type="checkbox"/> Left Lateral View	<input type="checkbox"/> Smile	<input type="checkbox"/> Right Lateral View		<input type="checkbox"/> Anterior View	
<b>Intra Oral</b>	<b>Extra Oral</b>												
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<input type="checkbox"/> Right Lateral View													
<input type="checkbox"/> Anterior View													

<p><b>TREATMENT PLAN :</b></p> <input type="checkbox"/> Extraction <input type="checkbox"/> Non-Extraction <input type="checkbox"/> Both Arches <input type="checkbox"/> Upper Arch <input type="checkbox"/> Lower Arch <p><b>DIAGNOSIS :</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><b>Missing / Retained Deciduous</b></td> <td style="width: 50%; text-align: center;"><b>Teeth to be Extracted</b></td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table>	<b>Missing / Retained Deciduous</b>	<b>Teeth to be Extracted</b>		
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Notes: .....

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Name of Business Executive : Doctor's Signature :

\*mandatory \*\*CBCT is most preferred since it would provide the optimum result. If not, both OPG and Lateral Cephalogram are necessary  
This is a custom made dental device that has been manufactured to satisfy attributes, characteristics, property and features specified by the client for the above patient. The dental appliance is intended for the exclusive use by the patient.