

DIAGNOSIS AND TREATMENT FORM

1. General Information			
<u>Doctor's Name:</u>	<u>Email:</u>		
<u>Shipping Address:</u>			
<u>State:</u>	<u>Country:</u>	<u>Contact Number:</u>	
<u>Patient's Name:</u>	<u>Age:</u>	<u>Gender:</u>	

2. Primary concern of the patient

3. Patient Diagnostic Information			
Dentition	Mixed <input type="radio"/>	Permanent <input type="radio"/>	
Treatment Indicated	Both <input type="radio"/>	Upper <input type="radio"/>	Lower <input type="radio"/>
Limited	8,7,6,5,4,3,2,1	1,2,3,4,5,6,7,8	
	8,7,6,5,4,3,2,1	1,2,3,4,5,6,7,8	
Treatment Deferred	8,7,6,5,4,3,2,1	1,2,3,4,5,6,7,8	
	8,7,6,5,4,3,2,1	1,2,3,4,5,6,7,8	
Midline			
Centered	Upper <input type="radio"/>	Lower <input type="radio"/>	
Shifted	UPPER R <input type="radio"/> L <input type="radio"/>	LOWER R <input type="radio"/> L <input type="radio"/>	
Permanent Canine Relationship			
Class I R <input type="radio"/> L <input type="radio"/>	Class II R <input type="radio"/> L <input type="radio"/>	Class III R <input type="radio"/> L <input type="radio"/>	
Permanent Molar Relationship			
Class I R <input type="radio"/> L <input type="radio"/>	Class II R <input type="radio"/> L <input type="radio"/>	Class III R <input type="radio"/> L <input type="radio"/>	
Incisor Relationship			
Overjet _____mm	Overbite _____mm		
Tooth Size Discrepancy			
Lower Jaw	Excess <input type="radio"/>	Deficient <input type="radio"/>	
Upper Jaw	Excess <input type="radio"/>	Deficient <input type="radio"/>	
Cross bite	8,7,6,5,4,3,2,1	1,2,3,4,5,6,7,8	
	8,7,6,5,4,3,2,1	1,2,3,4,5,6,7,8	
Cephalometric Values (Optional)			
<u>Sketetal Analysis</u>		<u>Dental Analysis</u>	
SNA _____	UI-SN _____		
SNB _____	UI-Palat _____		
ANB _____	IMPA _____		
WITTS value _____mm			
SN_Pg _____	<u>Soft Tissue Analysis</u>		
SN_Mand _____	Nasolabial _____		
MMA _____	U-Lip to E-Line _____mm		
Y-Axis _____	L-Lip to E-Line _____mm		

4. Treatment Planning			
Product Type	CP-A <input type="radio"/>	CP-B <input type="radio"/>	CP-S <input type="radio"/>
Gain Space	Proclination <input type="radio"/>	IPR <input type="radio"/>	Expansion <input type="radio"/>
<i>(Please specify your preference by writing 1,2 & 3 in the circles above)</i>			
Space Closure			
UPPER	Complete <input type="radio"/>	Leave Space <input type="radio"/>	
LOWER	Complete <input type="radio"/>	Leave Space <input type="radio"/>	
<i>(Complete space closure may require IPR. Default space will be left distal to laterals)</i>			
Arch Width			
Upper arch	Maintain <input type="radio"/>	Expand <input type="radio"/>	Constrict <input type="radio"/>
Lower arch	Maintain <input type="radio"/>	Expand <input type="radio"/>	Constrict <input type="radio"/>
Midline			
Maintain	<input type="radio"/>		
Correct	<input type="radio"/>	Move Upper _____mm	Move Lower _____mm
Permanent Canine Occlusion Goal			
Class I R <input type="radio"/> L <input type="radio"/>	Class II R <input type="radio"/> L <input type="radio"/>	Class III R <input type="radio"/> L <input type="radio"/>	
Permanent Molar Occlusion Goal			
Class I R <input type="radio"/> L <input type="radio"/>	Class II R <input type="radio"/> L <input type="radio"/>	Class III R <input type="radio"/> L <input type="radio"/>	
Required Overjet _____mm		Required Overbite _____mm	
Tooth Size Discrepancy IPR <input type="radio"/> Leave Space <input type="radio"/>			
<i>(Default space will be left distal to laterals, plz specify if otherwise)</i>			
Correct Cross Bite	8,7,6,5,4,3,2,1	1,2,3,4,5,6,7,8	
Bite	8,7,6,5,4,3,2,1	1,2,3,4,5,6,7,8	
Recommended Extraction	8,7,6,5,4,3,2,1	1,2,3,4,5,6,7,8	

5. Special Instructions