Instruction Number:
Patient's Name :

Order Date:
Required Date:

Work Order Details:

Sl No:

DentCare Dental Lab (Australia) Pty Ltd.
Melbourne, Australia | Email ID: info@dentcaredental.com.au | Ph : +61 470695324

DentCare® Aligners

INSTRUCTIONS FOR DENTCARE ALIGNERS

DOCTOR DETAILS

Barcode Sticker

Name: (IN BLOCK LETTERS)

Clinic: .....

Place: .....

Phone: .....

PATIENT DETAILS

Name: (IN BLOCK LETTERS)

Age: ..... ☐ Male ☐ Female

Order Date: Required Date:

EXISTING CONDITION

Chief Complaint: .....

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Habits ☐ Tongue Thrusting ☐ Thumb Sucking

H/O Long Term Medication .....

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Skeletal Base ☐ Class 1 ☐ Class 2 ☐ Class 3

Periodontal Condition ☐ Good ☐ Weak ☐ Compromised

High Frenal Attachment ☐ Yes ☐ No

Dentition ☐ Mixed ☐ Permanent

Upper Midline to Facial Midline .....

ENCLOSED *

☐ PVS Impression ☐ Model
☐ Bite Registration ☐ Patient Consent Form

Both Upper and Lower Impressions Required

PHOTOGRAPHS *

Intra Oral

- ☐ Upper Occlusal View
- ☐ Lower Occlusal View
- ☐ Left Lateral View
- ☐ Right Lateral View
- ☐ Anterior View

Extra Oral

- ☐ Lateral View
- ☐ Anterior View
- ☐ Smile

REQUIRED SCAN **

☐ Orthopantomogram (OPG) ☐ CBCT
☐ Lateral Cephalogram

TREATMENT PLAN :

☐ Extraction ☐ Non-Extraction
☐ Both Arches ☐ Upper Arch ☐ Lower Arch

DIAGNOSIS :

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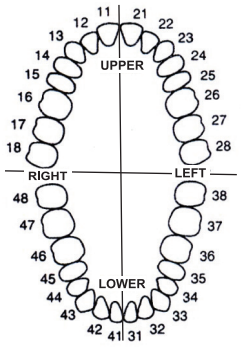
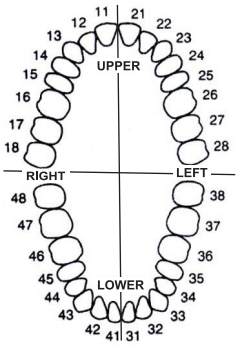
Missing / Retained Decidious



Teeth to be Extracted



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 Cephalograph are necessary