

# ORTHODONTIC CASE RX



Patient's Name: \_\_\_\_\_

Patient's date of birth \_\_\_\_\_

1821 Gadsden Street, Columbia SC 29201  
803-467-2033  
Samantha Merrifield SC RDT 382

Treatment Option:     Initial Setup     Revision     Retainer  
Product:                 Ninjalign     Eco-Line

**EXISTING CONDITION:**

**Maxillary Midline**

- Centered
- Shifted to patient's left \_\_\_\_mm
- Shifted to patient's right \_\_\_\_mm

**Mandibular Midline**

- Centered
- Shifted to patient's left \_\_\_\_mm
- Shifted to patient's right \_\_\_\_mm

Chief complaint:

**INSTRUCTIONS:** Default options are underlined.

- Treat Arches**     Upper     Lower
- Max Midline**     Maintain     Improve     Idealize
- Mand Midline**     Maintain     Improve     Idealize
- Overjet**             Maintain     Improve     Idealize
- Overbite**           Maintain     Improve     Idealize
- Arch Form**         Maintain     Improve     Idealize
- Canine Relationship**     Maintain     Improve     Idealize
- Molar Relationship**     Maintain     Improve     Idealize
- Posterior Crossbite**     Maintain     Improve     Idealize

- IPR**                 Yes     No     Only if needed
- Engagers**         Yes     No     Only if needed
- Procline**          Yes     No     Only if needed
- Expand**             Yes     No     Only if needed
- Distalize**         Yes     No     Only if needed

**Do not move these teeth** (bridges, ankylosed teeth, etc.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**Avoid engagers on these teeth** (facial restorations, etc.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Other Instructions:

Doctor's Signature: \_\_\_\_\_ License# \_\_\_\_\_ Date Written: \_\_\_\_\_