

Clincheck Checklist

Chief Complaint:

1. Arch to treat

- Both
- Upper
 - Diagnostic Model on opposite arch
- Lower
 - Diagnostic Model on opposite arch

2. Tooth movement restrictions

(Ex bridges, ankylosed teeth, implants, etc)

- None (Move all teeth)
- These specific teeth should not be moved

1.8 1.7 1.6 1.5 1.4 1.3 1.2 1.1	2.1 2.2 2.3 2.4 2.5 2.6 2.7 2.8
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4.8 4.7 4.6 4.5 4.4 4.3 4.2 4.1	3.1 3.2 3.3 3.4 3.5 3.6 3.7 3.8

3. Attachments

(To specify attachments, see Clinical Preferences)

- Place attachments as needed
- Do not place attachments on these teeth

1.8 1.7 1.6 1.5 1.4 1.3 1.2 1.1	2.1 2.2 2.3 2.4 2.5 2.6 2.7 2.8
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Dentist Diagnostic Checklist

- 1. Profile change Yes No
- 2. Skeletal Remarks: Refer OS
- 3. Dental
- 4. Camouflage Remarks: Manage expectation

Tooth Movement Restrictions

(Ex Implant, Bridge, Ankylosis)

Auxillaries

- 1. Rotation > 30deg
Tooth # _____
- 2. Pre treatment Auxiliary :
Tooth # _____
What : Eg Schwartz, DNA, braces
- 3. Auxiliary with Invisalign
Tooth # _____
- 4. Post Invisalign Auxiliary Treatment

Remarks :
Precision cuts for buttons
Additional treatment time
Lingual crossbite elastics

Clincheck Checklist

4. Anterior-Posterior (A-P) Relationship

R L

- Maintain
- Improve Canine Relationship only
- Improve Canine & Molar Relationship up to 4mm
- Correction to Class I (Canine & Molar)

⊗ Tooth movement options

⊗ (If selecting more than one options, indicate amount and sequence in special instructions)

- ⊗ Posterior IPR
- ⊗ Class II/III Correction Simulation (Elastics required)

Precision cuts- may compromise aligner strength and durability

⊗ Yes (Specify in Clinic Preferences or Clincheck Treatment plan review)

⊗ No

⊗ Distalization (Elastics Recommended)

Precision Cuts- may compromise aligner strength and durability

⊗ Yes (Specify in Clinic Preference or Clincheck

Treatment plan review)

⊗ No

⊗ Orthognathic Surgical Simulation

5. Overjet

- ⊗ Show resulting overjet after alignment
- ⊗ Maintain initial overjet (May require IPR)
- ⊗ Improve resulting overjet with IPR

6. Overbite

- ⊗ Show resulting overbite after alignment
- ⊗ Maintain initial overbite (May require IPR)
- ⊗ Correct open bite
- ⊗ Extrude anterior teeth only
- ⊗ Upper
- ⊗ Lower
- ⊗ Correct deep bite- Intrude anterior teeth
- ⊗ Upper
- ⊗ Lower

7. Bite Ramp

- * None
- * Place Bite Ramp on lingual of these Upper Teeth
- Incisor : Central Incisor
: Lateral Incisor
- Canines

Anchorage Plan

- 1) Reciprocal
- 2) Anterior / Posterior segment
- 3) Elastics
- ⊗ Class II
- ⊗ Class III
- 4) TADS

Incisal Relationship

- Class I
- Class II Div 1 Upper Hooks
Proclined Upper Anterior Canine hooks
- Class II Div 2
Retroclined Upper Anterior Canine buttons
- Class III
- Class I Open Bite
- Class II Open Bite
- Class III Open Bite

Molar Relationship	(Left)	(Right)
Class I	<input type="checkbox"/>	<input type="checkbox"/>
Class II	<input type="checkbox"/>	<input type="checkbox"/>
Class III	<input type="checkbox"/>	<input type="checkbox"/>

Final Invisalign Edge Position

- Lengthen
- Same
- Shorten

Remarks:

(Half Unit/ Full Unit)

Clincheck Checklist

8. Midline

- ⊗ Show resulting midline after alignment
- ⊗ Maintain initial midline (May require IPR)
- ⊗ Improve midline with IPR
 - ⊗ Upper
 - ⊗ to patient's right
 - ⊗ to patient's left
 - ⊗ Lower
 - ⊗ to patient's right
 - ⊗ to patient's left

9. Posterior Crossbite (If present)

- ⊗ Do not correct
- ⊗ Correct

10. Spacing & Crowding (Arch Length Discrepancy)

Spacing

- ⊗ Close all space
- ⊗ Leave specific spaces

Resolve upper

- | | | | |
|----------------------|----------------------------------|------------------------------------|-------------------------------|
| Expand | <input type="checkbox"/> Primary | <input type="checkbox"/> As Needed | <input type="checkbox"/> None |
| Procline | <input type="checkbox"/> Primary | <input type="checkbox"/> As Needed | <input type="checkbox"/> None |
| IPR- Anterior | <input type="checkbox"/> Primary | <input type="checkbox"/> As Needed | <input type="checkbox"/> None |
| IPR- Posterior Right | <input type="checkbox"/> Primary | <input type="checkbox"/> As Needed | <input type="checkbox"/> None |
| IPR- Posterior Left | <input type="checkbox"/> Primary | <input type="checkbox"/> As Needed | <input type="checkbox"/> None |

Resolve Lower

- | | | | |
|----------------------|----------------------------------|------------------------------------|-------------------------------|
| Expand | <input type="checkbox"/> Primary | <input type="checkbox"/> As Needed | <input type="checkbox"/> None |
| Procline | <input type="checkbox"/> Primary | <input type="checkbox"/> As Needed | <input type="checkbox"/> None |
| IPR- Anterior | <input type="checkbox"/> Primary | <input type="checkbox"/> As Needed | <input type="checkbox"/> None |
| IPR- Posterior Right | <input type="checkbox"/> Primary | <input type="checkbox"/> As Needed | <input type="checkbox"/> None |
| IPR- Posterior Left | <input type="checkbox"/> Primary | <input type="checkbox"/> As Needed | <input type="checkbox"/> None |

Extractions

- ⊗ None
- ⊗ Extract these teeth

1.8 1.7 1.6 1.5 1.4 1.3 1.2 1.1 2.1 2.2 2.3 2.4 2.5 2.6 2.7 2.8

R _____ L

4.8 4.7 4.6 4.5 4.4 4.3 4.2 4.1 3.1 3.2 3.3 3.4 3.5 3.6 3.7 3.8

1. Special Instructions

Dentist Diagnostic Checklist

Midline	Left	Right
Upper	<input type="checkbox"/>	<input type="checkbox"/>
Lower	<input type="checkbox"/>	<input type="checkbox"/>

Functional Shift

- Yes
- No

Remarks:

Eg: Anterior crossbites

Cross Bite X

Anterior

Remarks:

Posterior

Remarks:

Spacing	Yes	No
Tooth Size Discrepancy	<input type="checkbox"/>	<input type="checkbox"/>
Tooth Shape Discrepancy	<input type="checkbox"/>	<input type="checkbox"/>
Triangle Shape Teeth	<input type="checkbox"/>	<input type="checkbox"/>
Interdental Spaces	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

(Peg shaped laterals/ Hypoplastic Teeth)
(Resin /veneers considerations)

Arch Diagnosis

- | | | | |
|---------------|--------------------------|--------------------------|--|
| | Upper | Lower | |
| 1. Narrow | <input type="checkbox"/> | <input type="checkbox"/> | Remarks :
Expansion usually expressed at 70%- 80% |
| 2. Squarish | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Normal "U" | <input type="checkbox"/> | <input type="checkbox"/> | |

Other Diagnosis

- | | | |
|-----------------|--------------------------|--------------------------|
| | Yes | No |
| Sleep Apnea | <input type="checkbox"/> | <input type="checkbox"/> |
| Mouth Breathing | <input type="checkbox"/> | <input type="checkbox"/> |
| TMJ | <input type="checkbox"/> | <input type="checkbox"/> |

Other Remarks:

Clinical Conditions

Crowding	Spacing	Class II div 1
Class II div 2	Class III	Open bite
Deep bite	Anterior crossbite	Posterior crossbite
Narrow arch	Flared teeth	Overjet
Uneven smile	Misshapen teeth	
Other		

General Notes