## Orthodontic/Esthetic Consultation Sheet 3D General Dentistry Services, PC

Patient Name	Date:	Phone #:
Email	Age/DOB	
<b>Chief Concern(s):</b>		
<b>Doctor Concerns:</b>		
Other		

		MAXILLARY	MANDIBULAR
Occlusion	Midline		
Class	Crowding		
CR CO	Spacing		
Over Bite	Crossbite		
Over Jet	Cant		
Perio Stage, Grade	Rotations		
TMJ	Whitening		
<b>Lateral Canthi Distance</b>	<b>Incisal Display</b>	Tooth #(mm):	
Other	H x W Central		
	Restorative		

TREATMENT			
Pre Ortho:			
SureSmile	Invisalign	ClearCorrect	Refer
Full Case	Anterior	Express	
Time Estimate		Fee Estimate	
NEXT VISIT	Comp Exam	Perio Exam	Px
Ortho Records:	IO Scan	CBCT Panx FMX	
<b>Photographic Records:</b>	Photo Set 8 up	3:1 (Smile, Retracted,	
		Lips at Rest)	

Reviewed: Initial, Date	IPR	To create space, teeth may need to be slenderized.	
	Attachments	Tooth colored bonding may be placed on teeth to move selected teeth more	
		readily.	
	OA	Teeth may need to be adjusted before, during, &/or after treatment to make	
		bite line up just right.	
	Retainers	Will need to be worn indefinitely when treatment is completed to prevent	
		relapse and to protect your investment.	
	Refinement	At end of initial treatment Dr. or patient may request an additional set of	
		trays to obtain a more optimum result; We often see about 90% of	
		anticipated/programmed result.	
	22 hrs/Day	Trays must be worn 22 hours (all the time except eating then brushing and	
		flossing teeth ) every day for treatment to be successful. Only water can be	
		consumed with trays in place.	