



DOCTOR _____ DATE SENT _____

E-MAIL ADDRESS _____ DATE WANTED _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

PATIENT'S NAME _____ PATIENT'S AGE _____
(please print)

- PLEASE PHONE ME CONCERNING THIS CASE
 CLEARLINE REPLACEMENT INSURANCE
 1 YEAR 2 YEARS

PLEASE SEND SUPPLIES:

- RX SHEETS SHIPPING BAGS
 SHIPPING WAYBILLS SHIPPING BOXES



clearline TOOTH ALIGNMENT SYSTEM

GENERAL INSTRUCTIONS

- SEND ME GOOD2GO VIRTUAL TREATMENT PREVIEW AND ESTIMATE
- PLEASE DETERMINE ALIGNER TREATMENT SEQUENCE AND PROCEED
- DO NOT REDUCE INTERPROXIMAL TOOTH SURFACES
- INCLUDE CLEARLINE MINI-POSITIONER
- FABRICATE A CLEARLINE RETAINER (NO SET-UP)

GENERAL TREATMENT OBJECTIVES

- IMPROVE ALIGNMENT RELIEVE CROWDING CLOSE SPACES
- CORRECT MIDLINES REDUCE OVERJET REDUCE OVERBITE

ALIGNER INSTRUCTIONS

CLEARLINE 3 ALIGNER TREATMENT

- Upper
- Lower

CLEARLINE 6 ALIGNER TREATMENT (1 STAGE)

- Upper
- Lower

CLEARLINE 12 ALIGNER TREATMENT (2 STAGES)

- Upper
- Lower

CLEARLINE 18 ALIGNER TREATMENT (3 STAGES)

- Upper
- Lower

CLEARLINE 19+ ALIGNER TREATMENT (4 STAGES)

- Upper
- Lower

SPECIAL INSTRUCTIONS:

DOCTOR'S SIGNATURE: _____

SET-UP INSTRUCTIONS

RESET CIRCLED TEETH AS SPECIFIED:

R	7	6	5	4	3	2	1		1	2	3	4	5	6	7	L
	7	6	5	4	3	2	1		1	2	3	4	5	6	7	

ARCH WIDTH:

- Upper: Maintain Constrict Expand
Lower: Maintain Constrict Expand

MIDLINES:

- Upper: Maintain Move to right Move to left
Lower: Maintain Move to right Move to left

SPACE CLOSURE:

- Upper: Close spaces Close as feasible Space between _____
Lower: Close spaces Close as feasible Space between _____

ANTERIOR ROOT TORQUE:

- Upper: Maintain Lingual _____° Labial _____°
Lower: Maintain Lingual _____° Labial _____°

HORIZONTAL OVERJET:

- As is Reduce _____mm Increase _____mm

VERTICAL OVERBITE:

- As is Reduce _____mm Increase _____mm

COMPOSITE ATTACHMENTS

INDICATE AND SPECIFY COMPOSITE ATTACHMENTS ON TEETH

- Horizontal attachment Vertical attachment

"X" No attachment - porcelain teeth

