Apex Dental Laboratory Group

smile shapers

General Information

Doctor's Name: _____ Doctor's Email: _____

Patient's Name: _____ Gender: ☐ M ☐ F Date of Birth: _____

Present Clinical Condition

Patient's Chief Complaint: _____

_____

_____

Canine Class Relationship	Right _____	Left _____	
Molar Class Relationship	Right _____	Left _____	
Upper Midline:	☐ Centered	☐ Shifted Right _____ mm	☐ Shifted Left _____ mm
Lower Midline:	☐ Centered	☐ Shifted Right _____ mm	☐ Shifted Left _____ mm

Instructions (Default options are highlighted in pink)

Treat Arches: ☐ Upper ☐ Lower

	Maintain	Improve	Idealize
☐ Upper Midline	☐	☐	☐
☐ Lower Midline	☐	☐	☐
☐ Overjet	☐	☐	☐
☐ Overbite	☐	☐	☐
☐ Canine Relationship	☐	☐	☐
☐ Molar Relationship	☐	☐	☐
☐ Posterior Crossbite	☐	☐	☐

	Yes	No	If Needed
☐ IPR	☐	☐	☐
☐ Engagers	☐	☐	☐
☐ Procline	☐	☐	☐
☐ Expand	☐	☐	☐
☐ Distalize	☐	☐	☐

Special Instructions: _____

_____

_____

_____

_____

_____

_____

_____

_____

Dr. Signature: _____

Date: _____ **License No.:** _____

Enclosed Records (Please email photos to photos@smileshapers.com with patient and Doctor names)

☐ Digital Scans ☐ PVS Impressions ☐ Bite Registration

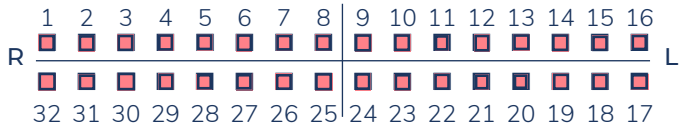
X-rays:

☐ Pano ☐ FMS

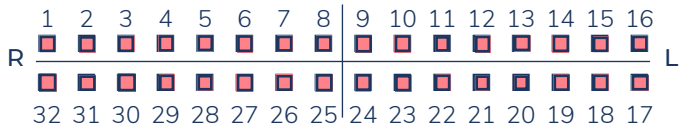
Photos:

☐ Face Frontal Smiling
☐ Right Side in Occlusion (close-up)
☐ Left Side in Occlusion (close-up)
☐ Frontal in Occlusion (close-up)

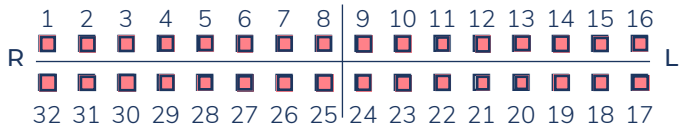
Do not move these teeth:



Avoid engagers on these teeth:



I will extract these teeth before treatment:



Leave these spaces open: