ACE Aligners
(714) 369- 0937

Date: .....

Doctor's name: ..... Treating practice: .....

Patient's name: ..... DOB: .....

Treatment length: ☐ Recommended ☐ ..... months Wear schedule: ..... -week

Chief complaint: .....

.....

Upper Midline

☐ centered
☐ shifted right _____mm
☐ shifted left _____mm

Lower Midline

☐ centered
☐ shifted right _____mm
☐ shifted left _____mm

Canine Relationship

right: class _____
left: class _____

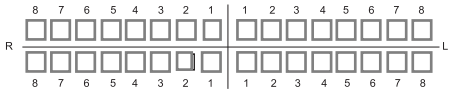
Molar Relationship

right: class _____
left: class _____

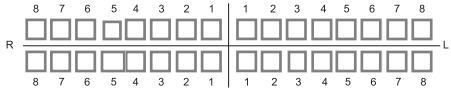
Treat arches	☐ upper	☐ lower	
Upper Midline	☐ maintain	☐ improve	☐ idealize
Lower Midline	☐ maintain	☐ improve	☐ idealize
Overjet	☐ maintain	☐ improve	☐ idealize
Overbite	☐ maintain	☐ improve	☐ idealize
Arch form	☐ maintain	☐ improve	☐ idealize
Canine Relationship	☐ maintain	☐ improve	☐ idealize
Molar 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

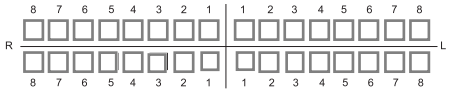
Do not move these teeth (bridges, ankylosed teeth, etc..)



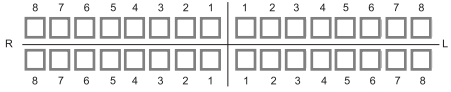
Avoid engagers on these teeth (facial restorations, etc..)



I will extract these teeth before treatment



Leave these spaces open



Other notes:

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Questions, please call us at (714) 369- 0937
e-mail customerservice@ACEaligners.com

PLEASE MAIL:

- Patient's Impression Tray(s)
- This complete Rx form

TO:

ACE ALIGNERS, INC.
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Costa Mesa CA 92626