IdaLigners by Image Dental

New Patient Form

GENERAL INFORMATION:

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

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

PRESENT CLINICAL CONDITION:

Patient's Chief Compaint: _____

_____

_____

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

Include Final Retainer: ☐ Upper ☐ Lower

☐ Include Retainer (3-Pack) & Extended Care Package

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

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

SPECIAL INSTRUCTIONS:

_____

_____

_____

_____

_____

ENCLOSED RECORDS: (Please email photos to IDL with patient and Doctor names.)

☐ Digital Scans ☐ PVS Impressions ☐ Bite Registration

X-RAYS:

☐ Pano ☐ FMS

PHOTOS:

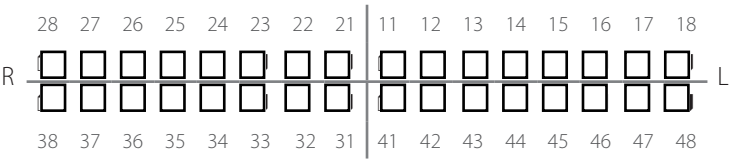
☐ Face Frontal Smiling

☐ Right Side in Occlusion (close-up)

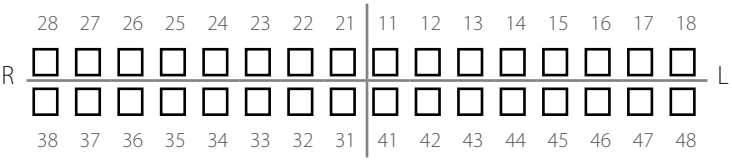
☐ Left Side in Occlusion (close-up)

☐ Frontal in Occlusion (close-up)

Do not move these teeth:



Avoid engagers on these teeth:



I will extract these teeth before treatment: