

Invisalign Quick Consultation Sheet

Team Initials:

Name _____ **Age** _____ **Date** _____

CC _____

Other Concerns _____

DX

OCCLUSION

Class

CR CO

Shift

Fremitus

PERIO

OS

ENDO

	Upper	Lower
Midline		
Crowding		
Spacing		
Cross Bite		
Rotations		
Whitening		
Restorative		

TX

Pre-Ortho _____

Full Assist Teen Exp10 Exp5 Other _____

Post-Ortho _____

REVIEWED 22hrs 2 Big Appts Attachments IPR Refinement OA Retainers

Time Estimate _____

Fee Estimate _____

Next Step: NP Comp Exam Invisalign Records Referral _____

Notes/Rx: _____

Invisalign Tracking

Name: _____

Procedure	Date	Initials	Notes
Records Taken			
Models Articulated			
Box #			
Rx Completed			
Clincheck appt/Email			
Clincheck Approved			
Initial delivery			
24 hour follow up			
Recall			
Bleach Surprise			% #
Specialist #1			
Specialist #2			
Refinement Rx			
Temp Essix			
Restorative			
Equilibration			
Final Retainer			Vivera Essix NG Hawley Fixed
Final Photos			
Celebration Letter			