

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Stage: # \_\_\_ of \_\_\_ Stages Current Stage of ClinCheck Ready? Y N

**Invisalign 7 Point Checklist of Patient's Appointments**

Checked	Grade	Doctor Check		
			1. Patient Compliance (Hours of wear, Auxiliary wear)	
			2. Fit of current aligner	
			<b>Use Current Stage of ClinCheck for Review</b>	
			Y	N Attachments Engaged? - Mark with #2 Pencil
			<i>Are Specific Movements Occurring Inter-arch?</i>	
			Y	N Rotations
			Y	N Extrusions
			3. Interproximal contacts-Check with Unwaxed floss	
Notes:			*Is IPR Due at this Appointment (Check IPR Form): Y N	
			Interferences: R 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 L
			8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
			4. <i>Bite Relationships (Are Auxiliaries Needed?)</i>	
			Y	N If Distalization is Programmed, Class II Elastics
			Y	N Are there any interferences happening
			Y	N Posterior bite (Is intrusion occurring?)
			Y	N Are Crossbites correcting
			5. Oral hygiene (Both Teeth and Aligners)	
			6. Patient motivation	
			7. Fit of Next Aligner	

Other Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Grades:

3= ☆☆☆ (Great, Right on Track) 2= ☆☆ (Not Perfect, ok for now)

1= ☆ (Definite Problem, Action Needed)