

Invisalign Quick Consultation Sheet

Date _____

Patient Name _____

Age _____

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 _____

Invisalign Full / Ant / Express / Assist _____

Post-Ortho _____

REVIEWED IPR Attachments OA Retainers Refinement 22 hrs day compliance

Time Estimate _____

Fee Estimate _____

Next Step: NP Comp Exam

Invisalign Records

Referral _____

Invisalign Tracking

Name _____

Records Taken _____

Records Mounted _____

Box # _____

Clincheck appt/Email: _____

Clincheck approved: _____

Initial delivery date: _____

Recall:

Over Correction Starts Upper _____ Lower _____

Bleach Surprise Yes No

Date _____ % _____ Shade _____

Essex: _____

Equilibration: _____

Final Essex/photo's taken: _____

Celebrate Letter: _____

Restorative: _____

Photos: _____

Graduation Date: _____