

# 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 \_\_\_\_\_

Post-Ortho \_\_\_\_\_

REVIEWED IPR Attachments OA Retainers Refinement 22 hrs day compliance

Time Estimate \_\_\_\_\_

Fee Estimate \_\_\_\_\_

Next Step:                      NP Comp Exam

Invisalign Records

Referral \_\_\_\_\_