Instructions (Default options are highlighted in gray)

Treat Arches:  □ Upper  □ Lower

Retainers (Should proposed treatment plan contain attachments Phase Ortho recommends waiting to order retainers once the treatment plan has been completed.)

Include Final Retainer:  □ Upper  □ Lower
□ Include Retainer (3-Pack) & Extended Care Package

Upper Midline:  □ Centered  □ Shifted Right ______ mm  □ Shifted Left ______ mm

Lower Midline:  □ Centered  □ Shifted Right ______ mm  □ Shifted Left ______ mm

Maintain  □ Improve  □ Idealize

Enclosed Records
□ 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:

Leave these spaces open:

Special Instructions:

Dr. Signature: __________________________
Date: ___________ License No.: ___________