

Back office Chart Note Forms:

Orthodontic Assessment Form:
used by Hygienist / Doctor During
Chairside Eval

Invisalign Progress Checklist :
used during Invisalign Visits and
establishing Pt's Next Visit

Can log on to ataii.com for detailed info

ORTHODONTIC ASSESSMENT FORM

Patient Name: _____

Date: _____

Crowding



Before

After

Spacing / Open Bite



Before

After

Lingual Inclination



Before

After

Deep Bite



Before

After

Edge To Edge Bite



Before

After

Anterior Crossbite



Before

After

Non-Carious Class V Lesion



Temporary Fix

Restorative Fix

These findings concern me because:

- Your teeth are chipping
- Your teeth are wearing down
- Your teeth are shifting
- Your gums are bleeding
- Your gums are receding
- Your ability to clean is compromised
- Your oral health is deteriorating

Taking your teeth out of trauma and putting them in the proper position could help improve these conditions.

Have you ever considered straightening your teeth?

No Maybe Yes

Staff Member

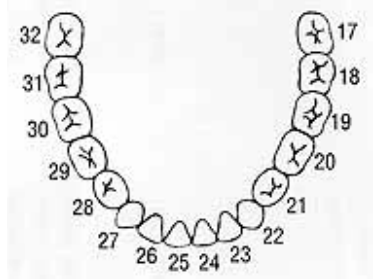
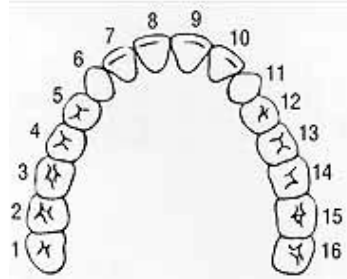
Current Aligner: _____

Tracking

- _____ Excellent
- _____ Good
- _____ Problem
- _____ Poor

Please note areas of fit concern with an "X"

Additional comments:

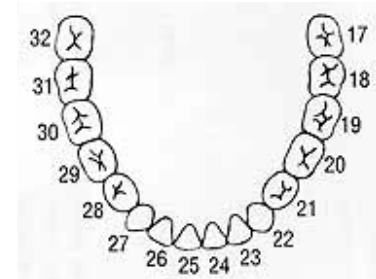
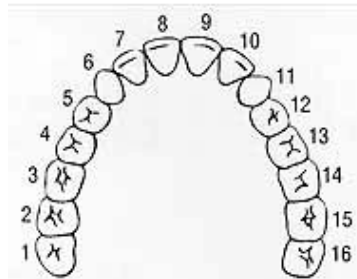


Clincheck Review – compare the teeth position to the Clincheck position

- note the tooth number that does not compare well with an "X"

Check Contacts – floss the contacts to determine areas of concern.

- Note "tight" contacts with "T"



Patient's estimated daily aligner wear

- _____ <12 hours
- _____ 12-16 hours
- _____ 16-20 hours
- _____ 20-24 hours

Is the patient's aligner wear on schedule? Y / N

If not, what is their explanation? _____

Next aligners to dispense: _____, _____, _____, _____

According to Clincheck, what areas need attention over these next aligners, ie attachment removal, open contacts, etc.

- Teeth # _____

Next Visit

_____ Progress check with IPR

_____ Progress check with no IPR

_____ Attachments placed

_____ Refinement / Midcourse Correction impressions

_____ Final work-up

Additional Comments:
