



Clear Aligner

Treatment Plan for Lower

Ref. No. 249079
Clinician: Sample
Patient: John Doe
Date: 31/10/1988



General Diagnosis:

Dental classification : Class II Division II

Skeletal classification : Class II

Anterior occlusion: Normal

Posterior occlusion: Normal

Over Jet: 1mm

Overbite: Deep Bite

Deviation of mid line: Mandible shifted to the Right 2mm

Missing teeth:

Difficulty of alignment and estimated treatment time (in weeks):

Additional Requirements to the Clear Aligner Treatment



Composite attachments will be needed. A stent will be provided to help make these attachments



The bite needs to be temporarily opened with composite on occlusion of opposing 6's or 7's during treatment



We recommend patient have fixed bonded retainer and/or Essix retainer after treatment



Aims of Treatment

- ➔ Align anterior segment
- ➔ De-rotate Incisors
- ➔ Upright Teeth
- ➔ Distalise Canine(s)
- ➔
- ➔
- ➔

Further Notes:

To open the bite temporarily, bite raisers will be added to clear aligners







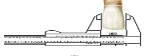
Estimation in changes of tooth position and tooth width after alignment

Total No. Clears **8**

No teeth aligned **6**

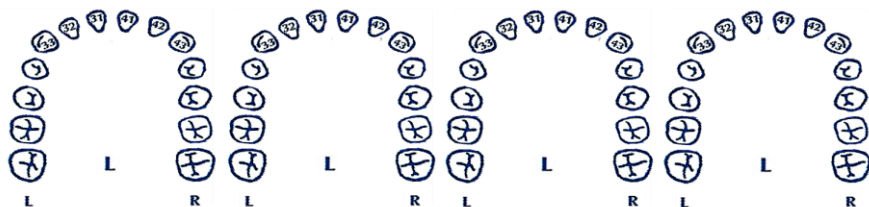
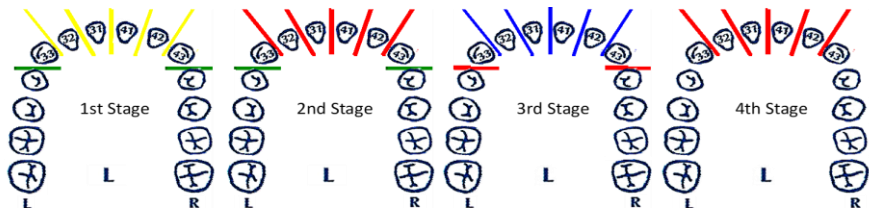
Are Teeth Mobile? **No**

Tooth width before IPR			
Tooth	Width	Tooth	Width
31	4.99	41	4.91
32	5.97	42	5.84
33	6.37	43	6.33
34	6.20	44	6.47
35	6.48	45	6.79
36	9.74	46	10.34
37		47	

Tooth	Rotation	Angulation	Inclination	Dist/Mesi	Ext/Int	Labial/Palatal	Tooth width after IPR
	 In Degrees	 In Degrees	 In Degrees	 In Millimeters	 In Millimeters	 In Millimeters	 In Millimeters
36							9.74
35							6.48
34							6.00
33	4	2	-2	-0.8	0.7	0.6	5.97
32	5	3	-4	-1	0.7	0.8	5.57
31	15	1	-2	-0.1	0.5	0.5	4.59
41	16	-1	2	-0.3	0.6	0.7	4.51
42	3		-6	-0.4	-0.2	0.8	5.44
43	-5		2	-0.4		-0.1	5.93
44							6.27
45							6.79
46							0.00

Please refer to the diagrams below and strip the teeth accordingly to achieve the correct tooth width as indicated on the table (previous page)

IPR Guide per Stage (once space is closed move to the next stage)



Please refer to colour key for the IPR Strip/Disc needed:

Strip (0.08mm)

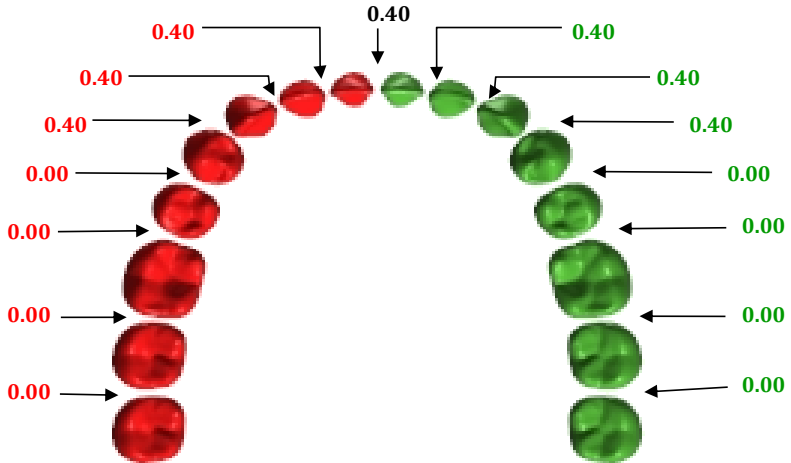
Strip (0.10mm)

Strip (0.12mm)

Strip/Disc (0.15mm)

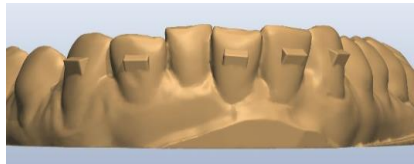
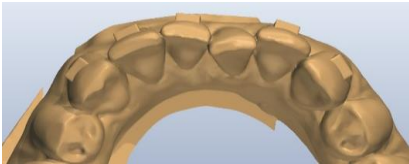
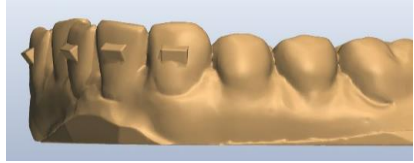
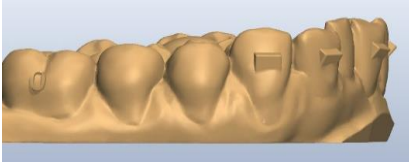
Strip/Disc (0.20mm)

Total amount of IPR per contact

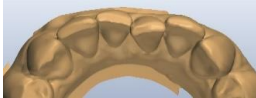


***More than one appointment may be needed to achieve the required IPR**

Composite Attachment Placement

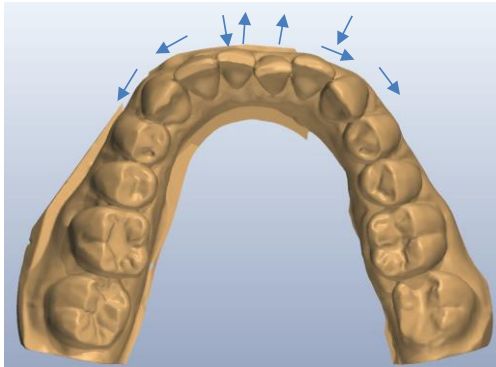
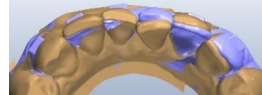


Start Position



**Simulation of tooth
Movement**

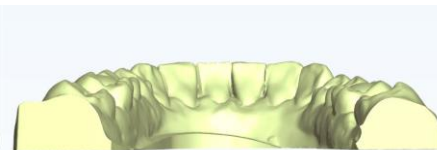
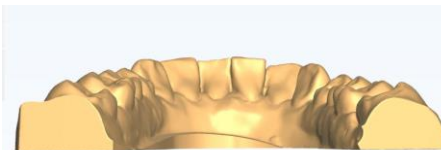
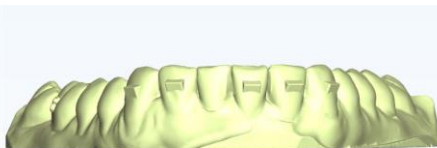
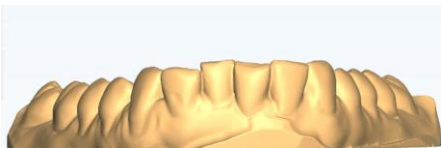
Before and After *



***More than one appointment may be needed to achieve the required alignment**

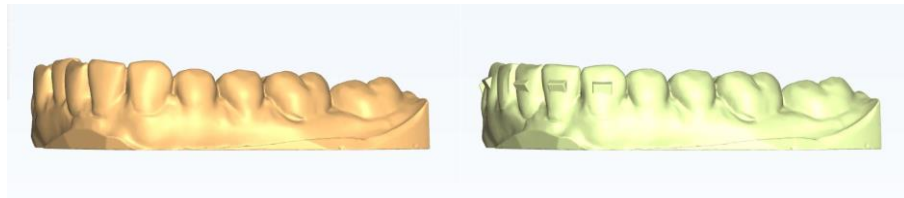
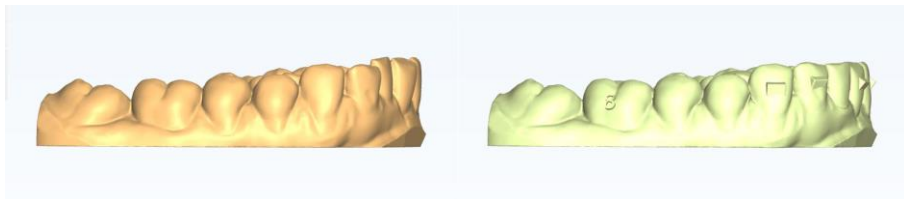
Before

After



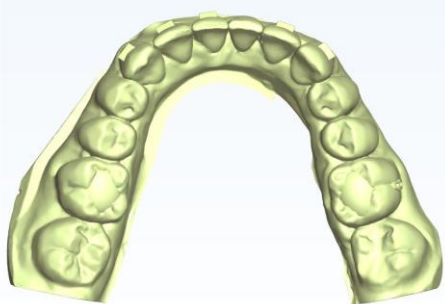
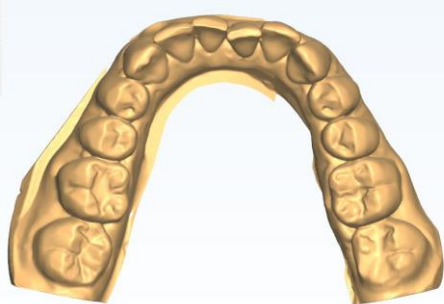
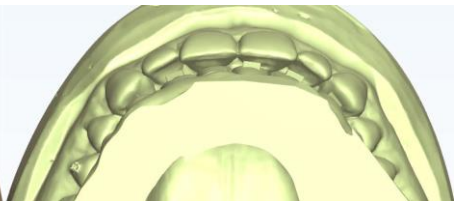
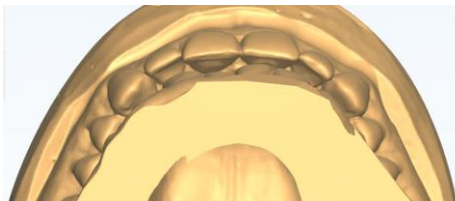
Before

After



Before

After



Consent

Treatment with *Clear Aligners* has proven to be very successful but with every form of orthodontics there are certain risks involved, which should be seriously considered before undertaking treatment.

Please read the below statements and if you understand them and are fully aware of the risks, please sign and date at the end.

I understand that the result has been predicted before treatment has begun, therefore the outcome may not exactly replicate the result discussed beforehand if the advised treatment plan hasn't been followed correctly.

I understand that a lack of compliancy, poor oral hygiene and missed appointments lengthen treatment time, and these are all things I can prevent from happening. 100% cooperation is very important.

I understand that the Clear Aligners must be worn full time for at least 16-20 hours a day apart from when eating or brushing teeth. Remember that the longer you wear the Inman Aligner the quicker the results.

I understand that teeth have a tendency to return to their original position after treatment (relapse) and that at the end of treatment, retention is required for life in order to prevent this.

I accept the treatment plan recommended by Nimrodental and explained to me by my dental practitioner.

Name.....

Date/...../.....

The Clear Aligners Treatment Plan(C.A.T.P) is intended to be used as a guide only. All measurements and the treatment time scale are estimates only. **At times more than one appointment will be needed to achieve the required stage.** The C.A.T.P may have to be modified as the treatment progresses. All responsibility for the results of the treatment for the above patient lies with the Dentist providing the treatment. Nimrodental bear no responsibility for the consequences resulting from using the C.A.T.P. All terms and conditions stated at www.nimrodental.com apply.

Please tick the box or confirm by writing, that you would like to proceed with recommended treatment plan.