

Rx Design for **alesta**  
aligners

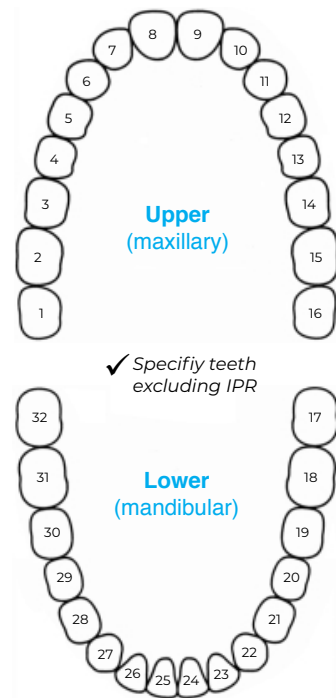
Doctor \_\_\_\_\_

Patient \_\_\_\_\_

Treatment Specifications

- TREATMENT  Upper Esthetic Treatment  
 Lower Esthetic Treatment
- ALLOW IPR  Yes (specify teeth excluding IPR)  
 No
- ALLOW INCISOR EXTRACTIONS  Yes, Tooth # \_\_\_\_\_  
 No
- ANKYLOSIS / IMPLANT (TOOTH NOT MOVED)  Yes, Tooth # \_\_\_\_\_  
 No

✓ Indicate where attachments are not allowed



MIDLINE

- MAINTAIN  Upper  Lower  
 MOVE  Upper  Lower  Left  Right  Left  Right

ANTERIOR POSTERIOR RELATION

- Maintain  Left  Right
- Improve Canine Relationship Only  Left  Right
- Movement Options  Posterior IPR  Distalization

CROWDING

- As Needed  Primarily
- UPPER  Expansion  IPR  
 LOWER  Expansion  IPR

COMMENTS, FURTHER SPECIFICATIONS

OVERJET & OVERBITE

- Overjet  Overbite
- Maintain  Improve

TOOTH SIZE DISCREPANCY

- IPR in Opposite Arch  
 Leave Spaces Open:  
 Distal to Laterals  
 Distal to Canines