



No 13, Block 14, Rev. Ogunbiyi Street,  
GRA Ikeja, Lagos.  
TEL: 0806 126 7826, 0808 761 1411  
EMAIL: lab@smilevilleodl.com  
WEB: smilevilleodl.com

### PRESENT CLINICAL CONDITION

Main Complaint: \_\_\_\_\_

Canine Relationship: Right \_\_\_\_\_ Left \_\_\_\_\_

Molar Relationship: Right \_\_\_\_\_ Left \_\_\_\_\_

Upper Midline:  Centered

Shifted:  Right \_\_\_\_ mm  Left \_\_\_\_ mm

Lower Midline:  Centered

Shifted:  Right \_\_\_\_mm  Left \_\_\_\_ mm

### INSTRUCTIONS

Treat Arches:  Upper  Lower  Both

|                     | Maintain                 | Improve                  | Idealize                 |
|---------------------|--------------------------|--------------------------|--------------------------|
| Upper Midline       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lower Midline       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overjet             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overbite            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Canine Relationship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Molar Relationship  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Posterior Crossbite | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Doctor: \_\_\_\_\_ E-mail: \_\_\_\_\_ Patient: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Gender:  M  F  
 City: \_\_\_\_\_ Due Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 State: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Country: \_\_\_\_\_  Contact me regarding case 0806 126 7826, 0808 761 1411

### ALIGNERS

*SmileVile™* Mini (1 - 6) Aligners  
 *SmileVile™* Lite (7 - 14) Aligners  
 *SmileVile™* Byte (14 - 30) Aligners

|  | Yes                      | No                       | If Needed                |
|--|--------------------------|--------------------------|--------------------------|
| Composite Engagers <input type="checkbox"/> Upper <input type="checkbox"/> Lower | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IPR <input type="checkbox"/> Upper <input type="checkbox"/> Lower                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Procline <input type="checkbox"/> Upper <input type="checkbox"/> Lower           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Expand <input type="checkbox"/> Upper <input type="checkbox"/> Lower             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Distalize <input type="checkbox"/> Upper <input type="checkbox"/> Lower          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Leave space if tooth size discrepancy

Do not move these teeth (Implants /Bridges /Splinted teeth)

|                         |                         |
|-------------------------|-------------------------|
| 1 2 3 4 5 6 7 8         | 9 10 11 12 13 14 15 16  |
| 32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17 |

Avoid Composite engagers on these teeth

|                         |                         |
|-------------------------|-------------------------|
| 1 2 3 4 5 6 7 8         | 9 10 11 12 13 14 15 16  |
| 32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17 |

I will extract these teeth before treatment

|                         |                         |
|-------------------------|-------------------------|
| 1 2 3 4 5 6 7 8         | 9 10 11 12 13 14 15 16  |
| 32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17 |

Leave these spaces open

|                         |                         |
|-------------------------|-------------------------|
| 1 2 3 4 5 6 7 8         | 9 10 11 12 13 14 15 16  |
| 32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17 |

Add Pontic (Charge applies)

|                         |                         |
|-------------------------|-------------------------|
| 1 2 3 4 5 6 7 8         | 9 10 11 12 13 14 15 16  |
| 32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17 |

### INVISIBLE RETAINERS

Upper  Lower  Both  
 Single  Set of 2  
 Set of 3  Set of 4  
 Add Pontic Pontic Shade: \_\_\_\_\_

### ADDITIONAL INSTRUCTIONS: e.g use of elastics, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### INCLUDED WITH CASE

Impressions:  PVS  Digital Scans  Bite Registration X-rays:  Panoramic  Cephalometry  
 Stone Model  
 Photos:  Face Frontal Smiling  Frontal Occlusion  Right Side Occlusion  Left Side Occlusion  
 Please e-mail photos to lab@smilevilleodl.com and include doctor and patient names

### OFFICE USE

Models:  U  L  Both  Bands  Crowns  Broken  
 Impression:  U  L  Both  Bite Registration  
 Disinfect \_\_\_\_\_ QA \_\_\_\_\_ Final Inspection \_\_\_\_\_