

INSTRUCTIONS: To provide the best possible treatment for your patient, we ask that you complete this three page Treatment Planning Form. This form will help determine if your patient is an appropriate candidate for the Invisalign System™ and communicate to us your treatment goals. The completed form is to be included in your patient's submission kit along with patient photos, x-rays, bite registration and an upper and lower PVS impression. For additional forms, go to www.invisalign.com.

GENERAL INFORMATION * NEW Address

DOCTOR

Name: JEFF ZAPALA
 Ship To * 5656 BEECAVES ROAD *
 Street Address: BUILDING 3, SUITE C-100
 City, State, ZIP: AUSTIN, TEXAS 78746
 County/Country: 512-732-2500
 Telephone: 512-732-2500
 FAX: _____
 Contact Person: KIMBERLY
 Best time to call office: 8:00 a.m. - Noon C.S.T
 E-mail: jsz@texas.net

Bill To
 Street Address: _____
 City, State, ZIP: _____
 County/Country: _____
 Telephone: _____
 FAX: _____
 Contact Person: _____
 Best time to call office: _____
 E-mail: _____

PATIENT

Name: _____
 Chief Concern: CROWDING
 Gender: MALE

Date of Birth: 2-1-58
 Today's Date: 12-20-2000
 Age: 42 y 10 mo

Please check the one that applies to your case: Private practice case University case Resident case

SELECTION CRITERIA

SECTION I. CASE TYPES

Please check the appropriate boxes that apply to your patient's malocclusion. (U=Upper Arch, L=Lower Arch)

- Mild Spacing (1-3 mm)**
 Space closure, no sagittal, vertical, or transverse changes
 U L
- Moderate Spacing (4-6 mm)**
 Space closure, no sagittal change
 U L
- Mild Crowding**
 Correction of crowding (mild proclination of incisors, interproximal reduction, 2-3 mm of dental expansion per quadrant maximum, and no sagittal change)
 U L
- Moderate Crowding**
 Correction of crowding (mild proclination of incisors, interproximal reduction, 2-3 mm of dental expansion per quadrant maximum and/or extraction of lower incisor), and up to 2 mm maxillary distalization toward Class I
 U L

Please continue to the next page.

Align Technology, Inc. reserves the right to not accept any case.



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SECTION II. LIMITED TREATMENT GOALS

Please check all appropriate boxes that apply to your patient's case. If your patient presents with any of the following conditions, a full treatment will not be possible. However, they may be treated with limited goals.

- A-P correction of greater than 2 mm
- Autorotation of the mandible required for vertical/A-P correction
- CR-CO discrepancy correction/treatment to other than centric occlusion
- Correction of moderate to severe rotations of premolars and/or canines that are greater than 20 degrees
(If it is greater than 20 degrees, please correct first with buttons/removable or fixed appliances)
- Severe deep bite opened to ideal or open bite to be closed to ideal
- Extrusion of teeth greater than 1 mm, unless it is part of torquing or in conjunction with intruding adjacent teeth
- Severely tipped teeth (> 45 degrees)
- Multiple missing teeth, existing decay, or poor restorations
- Short clinical crowns (< 70% of normal size)
- Posterior open bite
- Movement of the entire arch required for A-P correction (whole arch distalization or mesialization)

If you have checked a box in this section, tell us which arch is to have limited treatment:

Limited Treatment (Usually 3-3)

U

I

CALL ME IF IT IS NECESSARY FOR LIMITED OBJECTIVES.

SECTION III. COMBINATION TREATMENT

Combination Treatment: If your patient's case is considered to be on the severe end of the malocclusion category, Invisalign may still be a treatment option. Patient should be treated with conventional fixed appliances until the patient falls within our case selection criteria (per Section I), and then hold the patient in a retainer. Then follow the same procedures, including PVS impressions, for submitting a new case to Align Technology, Inc. for the Invisalign System.

Below is a list of conditions that may be treated utilizing Combination Treatment.

- Premolar, canines, or molar extraction cases
- Impacted teeth/forced eruption
- Skeletal expansion
- Surgical cases

SECTION IV. CASES THAT ARE NOT APPROPRIATE

- Untreated caries, fractured crowns/fillings, or untreated periodontal disease
- Mixed dentition cases
- Erupting permanent dentition (i.e. canines, second molars)
- TMJ symptoms/pathology
- Cases with distal extension partial denture
- Single-arch treatment cases where opposing arch is being treated concurrently with fixed appliances

SECTION V. ESSENTIAL INFORMATION FOR ALL INVISALIGN CASES

Curve of Spee will be corrected as needed by intruding lower incisors.

Interproximal reduction before PVS impression is strongly recommended.

Unless otherwise indicated, correction of tooth size discrepancy will be via (in order of application):

- Interproximal reduction of lower incisors to create overjet to retract uppers.
- Leave space distal to the maxillary lateral incisors.

For surgical cases, you may need to place the patient in conventional fixed after the initial correction.

Best results are achieved with patients that are compliant.

All necessary dental procedures, including any significant restorative work, should be completed prior to the initiation of Invisalign treatment.

Both an upper and lower PVS impression is required in a single-arch treatment.

Please continue to the next page.

Align Technology, Inc. reserves the right to not accept any case.

Doctor Name: ZAPALAC

Patient Name: _____

Order No. _____ For Align use only.



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CLINICAL INFORMATION

MISSING TEETH: NONE R 87654321|12345678 L
87654321|12345678

CR/CO SHIFT: NO YES ___ mm DIRECTION _____

MAXILLARY MIDLINE IN RELATION TO FACE: ~~_____~~ SHIFTED: 1 mm to L/R Y N

MANDIBULAR MIDLINE IN RELATION TO FACE: CENTERED SHIFTED: 1 mm to L/R Y N

ANKYLOSED/IMPACTED TEETH: NONE R 87654321|12345678 L
87654321|12345678

FACIAL/BUCCAL RESTORATIONS: NONE R 87654321|12345678 L
87654321|12345678

TEETH WITH BRIDGES: NONE R 87654321|12345678 L
87654321|12345678

TREATMENT GOALS

TREAT ARCHES: (circle one) BOTH UPPER ONLY LOWER ONLY

TREATMENT GOALS: (circle all that apply)
 Canine R: Class I Class II Class III MAINTAIN
 Molar R: Class I Class II Class III MAINTAIN
 Canine L: Class I Class II Class III MAINTAIN
 Molar L: Class I Class II Class III MAINTAIN

CORRECT A-P DISCREPANCY (MAX 2 mm) BY: (circle all that apply) (PRN= as needed)
 Molar R: MAINTAIN DISTALIZE U STRIP 3-6 PRN
 Canine R: MAINTAIN DISTALIZE U STRIP 3-6 PRN
 Canine L: MAINTAIN DISTALIZE U STRIP 3-6 PRN
 Molar L: MAINTAIN DISTALIZE U STRIP 3-6 PRN

CORRECTION OF CROWDING: (circle all that apply)
PROCLINE INCISORS U L
POSTERIOR DENTAL EXPANSION U L
DISTALIZE UPPER
UPPER INTERPROXIMAL REDUCTION
LOWER INTERPROXIMAL REDUCTION
 EXTRACT LOWER INCISOR → R 2 1 1 2 L (circle one)
 NOT APPLICABLE

CORRECTION OF SPACING (circle one) RETRACT POSTERIORES FIRST BEFORE ANTERIORES EN MASSE SPACE CLOSURE

IF TOOTH-SIZE DISCREPANCY: (circle all that apply) LEAVE SPACE:
 DISTAL TO LATERAL INCISOR
 EQUALLY DISTRIBUTED
 MESIAL TO LATERAL INCISOR
 STRIP LOWER INCISORS/CLOSE ALL SPACES

CURVE OF SPEE: (circle one) MAINTAIN LEVEL AS NEEDED (may require attachments)

SPECIAL INSTRUCTIONS: PLEASE CALL IF THIS CASE IS ACCEPTED ASAP -
512-732-2500
Thank you. CEPH & PAN 0 to FOLLOW

WILL THE PATIENT OBJECT IF ATTACHMENTS ARE REQUIRED? YES NO

HAS THE PATIENT'S CASE BEEN SHIPPED TO ALIGN BEFORE? YES NO IF YES, DATE _____

DOCTOR'S SIGNATURE: [Signature] DATE: 12-20-2000