

DSD &  invisalign®

Preferences

DSD Doctor's Name:

Invisalign Provider's Name:

This form is to help us with some important orthodontic instruction about how you usually proceed with ortho treatment in general.

These parameters will inform us about your clinical limitations and will be considered at the time we begin with our 3D design.

TREATMENT PLAN		
DOCTOR INFORMATION	INVISALIGN PROVIDER	INVISALIGN GO PROVIDER
You are an:	<input type="text"/>	<input type="text"/>
	YES	NO
In order to provide the most predictable clincheck according to the DSD Project many times is required to upgrade to the Comprehensive package. Do you agree to upgrade?	<input type="text"/>	<input type="text"/>
I am used and comfortable treating the following malocclusions with Invisalign	<input type="text"/>	<input type="text"/>

It is important to understand that we might suggest different solutions for each case, but always taking your personal preferences in consideration, unless you specify different and specific limitations for the related case.

SKELETAL ANCHORAGE	YES	NO	WANT TO LEARN MORE
With TADs			
With Mini-plaques			
Surgical Cases			
Ortho-Orthognatic Cases			
Accelerated Orthodontics			Others:
With Propel Micro-Osteoperforations			
With Propel Vpro (High Frequency Vibration)			
With Corticotomy (SFOT)			

Additional Information

(*) This treatment preference form should be filled by the Orthodontist responsible for the cases.