

# TOOTH ALIGNMENT EVALUATION

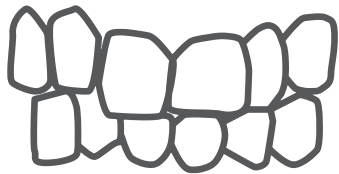
Hygienist: \_\_\_\_\_

Patient Name: \_\_\_\_\_

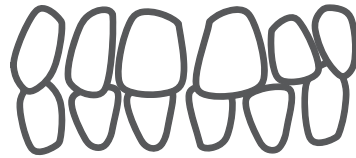
Date: \_\_\_\_\_

Practice Information:

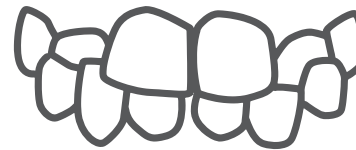
Our goal is to help you preserve and protect your teeth for a lifetime. With that in mind, I am concerned in seeing the following condition(s) that we discussed today during your appointment:



Crowding



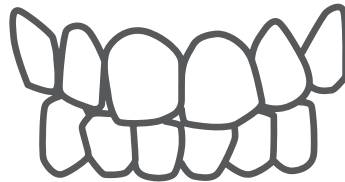
Spacing



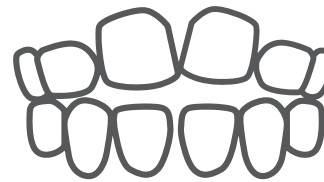
Crossbite



Deep bite



Edge-to-Edge Bite



Open bite



Underbite

## Related Symptoms & Concerns Observed:

- Your teeth are becoming more difficult to keep clean
- You have teeth that are colliding instead of gliding
- You have tooth/teeth at risk of fracturing or breaking
- Your teeth are chipping
- Your teeth are showing signs of wearing prematurely
- Your gums are bleeding abnormally
- Your gums are receding and detaching
- Your teeth are moving and shifting
- You have tooth/teeth at risk of being removed
- The positions of your teeth and the way they bite together is unfavorably impacting your oral health

**Recommendation(s) for further evaluation or treatment to preserve and protect your teeth include(s):**

**SureSmile® Clear Aligners:** Clear aligner therapy will help us move these teeth out of trauma and into their more ideal positions

**Other:** \_\_\_\_\_