Student Number:	000
DATE:	1/1/21
Patient Initials:	AS
Chief Complaint:	Wishes better aligned front teeth Wishes to reduce the proclination
AGE:	26
Med Hx:	NAD
Dent Hx:	NAD
Other Relevant Hx:	Patient does not wish fixed orthodontics

EXTRA ORAL:

Skeletal Base:	Class II
Lower Facial Height:	Average-reduced
Mandibular Plane:	Average
Lip Competence:	Competent
Lip Length:	Normal
Upper incisal show (rest):	2mm
Upper gingival show (smile):	1mm
TMD Signs/Symptoms:	No pain, no mobility, no clicking, no deviation on opening, no restriction on movements.

INTRA ORAL:

TEETH PRESENT:

	n	n	n	n	p	p	n	n	p	p	n	n	n	n	
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
	n	n	n	n	n	n	n	n	n	n	n	n	n	n	

CARIOUS/RESTORED/PERIODONTALLY AFFECTED/ NORMAL (C/R/P/N)

LOWER LABIAL SEGMENT:

INCLINATION:	Proclined	
CROWDING:	1mm crowding	
CANINE TIP:	R: upright	L: upright

UPPER LABIAL SEGMENT:

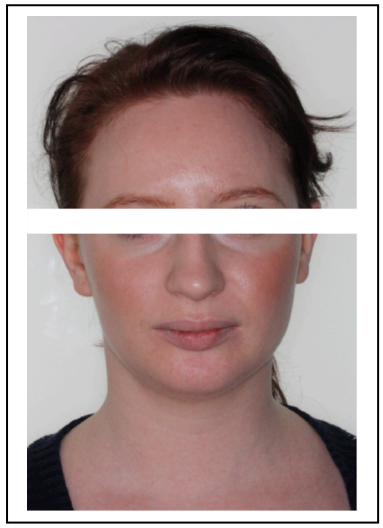
INCLINATION:	Proclined	
CROWDING:	4mm spacing	
CANINE TIP:	R: Distal	L: Upright

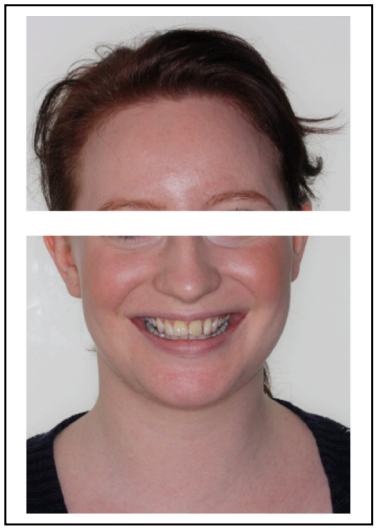
OCCLUSION:

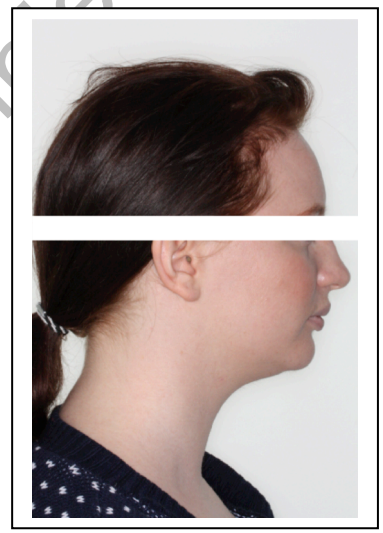
INC CLASS/OJ/OB:	2 div 1	11mm	6mm
CANINE CLASS:	L: Half unit II	R: Quarter unit II	
MOLAR CLASS:	L: Half unit II	R: Half unit II	
OPEN BITE:	No		
CROSS BITE:	No		
MIDLINE UPPER:	Confluent with facial midline		
MIDLINE LOWER:	Confluent with upper midline		
ANOMALIES:	Risk of traumatic bite		

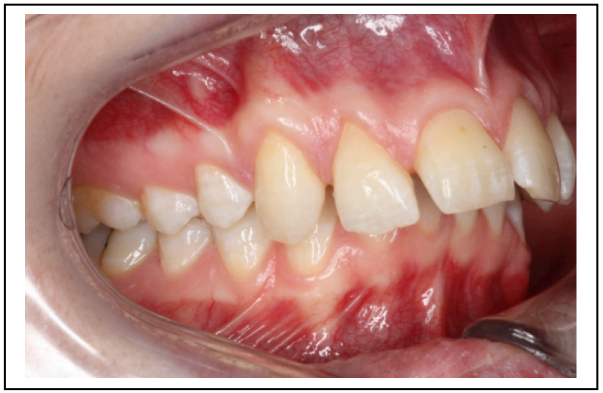
CEPHTACTICS

PHOTOGRAPHS:

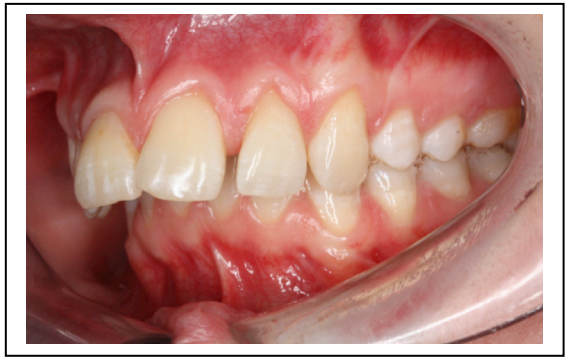


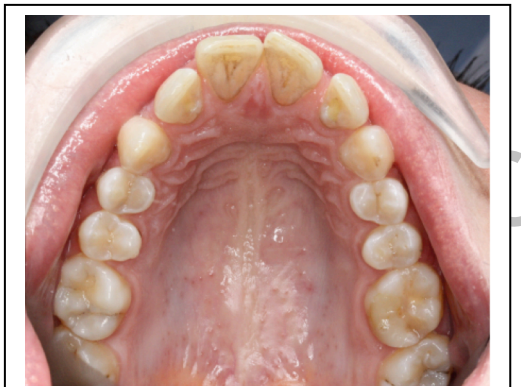


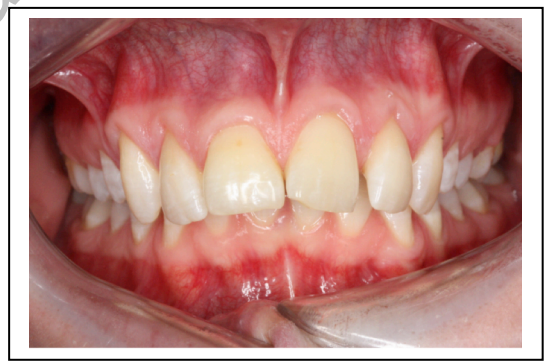


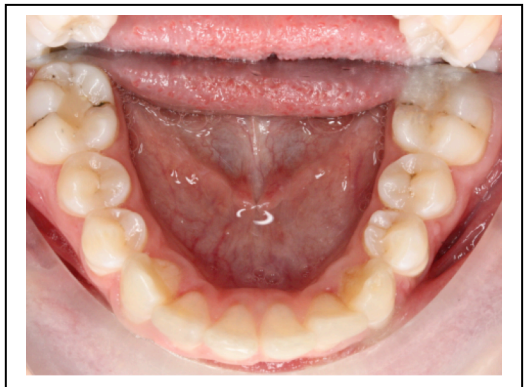


PLEASE ENSURE PICTURES ARE ANONYMOUS









SUMMARY:

26 year old lady with a Class II division 1 incisal relationship on a moderate-severe class II skeletal base with reduced facial proportions, complicated by;
1) Overjet of 11mm
2) Increased Overbite
3) Spacing in the upper labial segment

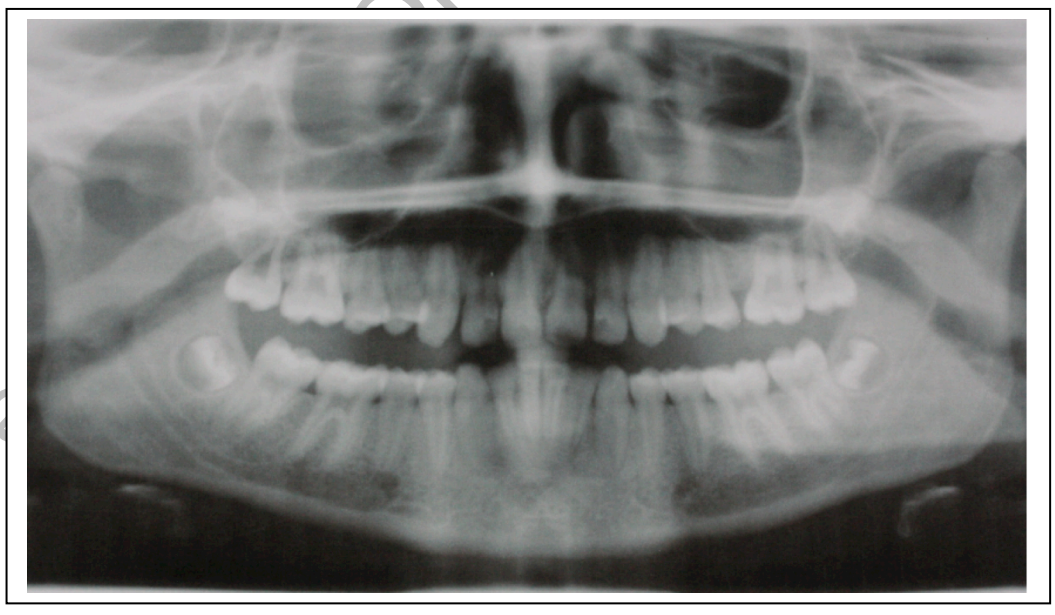
PROBLEM LIST:

	SKELETAL
1)	Severe skeletal Class II
2)	Reduced vertical components
	SOFT TISSUE
1)	Deep ML fold
	DENTAL
1)	Mild spacing
2)	Proclined lower anteriors

AIMS:

	SKELETAL
1)	Accept the Class II skeletal base
	SOFT TISSUE
1)	Accept the ML fold
	DENTAL
1)	Space closure
2)	Try to attain a class I incisor, or at least a class I canine relation

DENTAL PANORAMIC TOMOGRAM:



SKELETAL –	NAD
DENTAL –	NAD

TREATMENT PLANS PROPOSED:

1) No treatment – Prognosis: Poor, heavy deep bite and gingival stripping risk

2) Upper & lower fixed appliances with extraction of upper 4s

3) Upper & lower aligner therapy with distalisation of upper buccal segments and mild proclination of the lower arch

3) Upper and lower fixed appliances with orthognathic surgery

Advised Treatment step by step procedure:

Records required – Photographs, Models, OPG and Cephalogram

Any auxiliary dental/surgical procedures – Scale and polish

If using Fixed Appliances:

Ideal appliances –	
Position of brackets –	
Bond 7s? –	
Bite blocks –	
2nd appointment –	
3rd appointment –	
Space closure/creation –	
Levelling procedures –	
Working arch wires –	

If using Aligners:

Which teeth not to move –	Nil, move all teeth
Attachments upper posteriors –	Vertical attachments on 4567 Designed for sequential distalisation
Attachments lower posteriors –	Horizontal attachments on 567

	Designed for retention
Attachments upper anteriors –	Horizontal attachment 1122 For bodily closing spaces
Attachments lower anteriors –	Horizontal attachments Allow control of root torque
Staging planned –	Yes especially when sequential distalisation
IPR details –	Avoid until second stage/refinements
Inter arch elastics planned –	Cut outs on the upper canines and lower 6s
Adjunctive procedures –	Hypercorrection and intrusion of the lower anteriors

Expectations:

AP correction –	Full correction not possible as this a skeletal cause
Vertical correction –	Possible to some degree, however over proclination of the lower arch should be avoided
Transverse correction –	Full correction possible
Space closure/creation –	All spaces from extractions will be closed
Finishing/refinements –	NIL
Restorative procedures –	NIL
Est. Treatment Length –	12 months approx.

Retention Regimen:

Main concerns –	Overproclination of the lower anteriors
Retainers advised –	Upper and lower fixed and removable
Full time wear –	6 months
Part time wear –	After this night time wear
Concerns on cooperation –	Yes
Modifications on retention –	NIL

Prognostics and Attention Points:

Skeletal limitations –	Patient growth has stopped, we would have to accept certain jaw positions, and overjets unless the patient accepts orthognathic surgery
Soft tissue limitations –	Deep ML fold can be countered with facial aesthetic agents
Dental limitations –	Yes, the attaining of a Class I canine will be difficult without proclining the lower labial segment, hence we may need to accept some overjet
Crowding alleviation –	If overjet is still high, IPR can be used in the upper arch
Space closure –	Aligners will bodily move the teeth into position and hence close the spaces created by sequential distalisation
Antero-Posterior correction –	Overjet control can be corrected by light class II elastics and sequential distalisation
Vertical correction –	Deep bite control is critical, hypercorrection of the curve of Spee will assist in this
Concerns on prognosis –	Yes
Other dental considerations –	Oral hygiene during treatment
Time constraints –	NIL
Morale –	As the treatment can extend over a longer period, morale needs to be monitored
Other –	NIL

COMMENTS –

- The patient needs to be informed of the compromised results.