

Case Submission Rx

Practice/Doctor Name: _____

Patient Name: _____ Pt ID# _____

Submission Date: _____ Date Required: _____ Bonding Date: _____

Stride Case Imaging & Record Requirements:

- ☐ Digital Scan—Full Upper/Lower STL Files *(regardless of single arch treatment cases)
- ☐ Minimal of Individual Industry Standard 8 Photos (3 Facial & 5 Intra-Oral)
- ☐ Pano & Ceph

Clinical Requirements/Notes:

Stride Brackets Maxillary:

- ☐ Metal
- ☐ Clear

Midline:

- ☐ Maintain
- ☐ Move Upper to Lower
- ☐ Move Lower to Upper
- ☐ Independent (Move Both) *Describe in Notes

Stride Brackets Mandibular:

- ☐ Metal
- ☐ Clear

Notes:

Bite Classification:

- ☐ Maintain
- ☐ Correct:

Right Molar: Maintain _____ C/1 _____ C/2 _____ C/3 _____ Best Fit _____

Right Canine: Maintain _____ C/1 _____ C/2 _____ C/3 _____ Best Fit _____

Left Molar: Maintain _____ C/1 _____ C/2 _____ C/3 _____ Best Fit _____

Left Canine: Maintain _____ C/1 _____ C/2 _____ C/3 _____ Best Fit _____

Tooth Size Issues:

- ☐ IPR Location: Upper: None _____ 3-3 _____ 4-4 _____ 6-6 _____
Lower: None _____ 3-3 _____ 4-4 _____ 6-6 _____
- ☐ Accept Best Fit: Prioritize Overjet _____ Prioritize Classification _____
- ☐ Peg/Missed Shaped Teeth/Implant Plans: _____

Extractions/Unerupted Teeth:

X—teeth to be extracted

O—teeth unerupted or still prima

Upper Right																				Upper Left																													
										A	B	C	D	E											F	G	H	I	J																				
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														
Lower Right																				T	S	R	Q	P											O	N	M	L	K	Lower Left									

Special Instructions: Unerupted Teeth—Restorative Pre/Post Trmt Plan—Appliances: