## **DENTAL MODEL ANALYSIS REPORT**

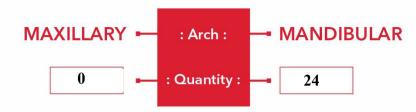






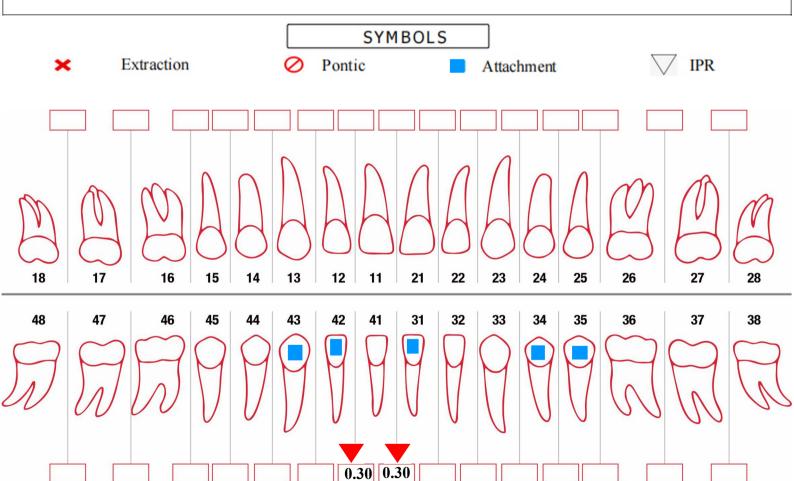
PEBO-2324-1895 AL2724Z\_VS







### **IPR CHART**



\* IPR to be processed:

before aligner # 12 - IPR = 0.30mm

### TOOTH MOVEMENT - MAXILLA

Tooth	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Inclination +/- [°]		0.0				0.0	0.0	0.0	0.0	0.0	0.0					
Angulation +/- [°]		0.0				0.0	0.0	0.0	0.0	0.0	0.0					
Rotation +/- [°]		0.0				0.0	0.0	0.0	0.0	0.0	0.0					
Mesial +/- [mm]		0.00				0.00	0.00	0.00	0.00	0.00	0.00					
Vestibular +/- [mi		0.00				0.00	0.00	0.00	0.00	0.00	0.00					
Occlusal +/- [mm		0.00				0.00	0.00	0.00	0.00	0.00	0.00					

Inclination - Buccal / Lingual Crown Torque Vestibular - Buccal / Lingual Mesial - Mesial / Distal Angulation - Mesial / Distal Crown Occlusal - (-ve) Intrustion / (+ve) Extrusion

### **TOOTH MOVEMENT - MANDIBLE**

Tooth	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Inclination +/- [°]						0.6	-2.2	-3.1	-2.6	2.5	-2.6	11.2	0.0			
Angulation +/- [°]						9.8	6.3	7.0	-6.8	-4.1	-5.1	0.0	0.0			
Rotation +/- [°]						8.1	22.3	0.0	-17.7	3.3	0.3	0.0	0.0			
Mesial +/- [mm]						-1.41	-1.39	-1.70	1.80	0.99	-0.79	-1.18	-1.42			
Vestibular +/- [mi						0.41	-0.68	0.87	-0.40	1.49	-1.56	1.66	-1.10			
Occlusal +/- [mm						-0.38	0.11	0.03	0.08	-0.49	-0.08	-0.78	-0.13			

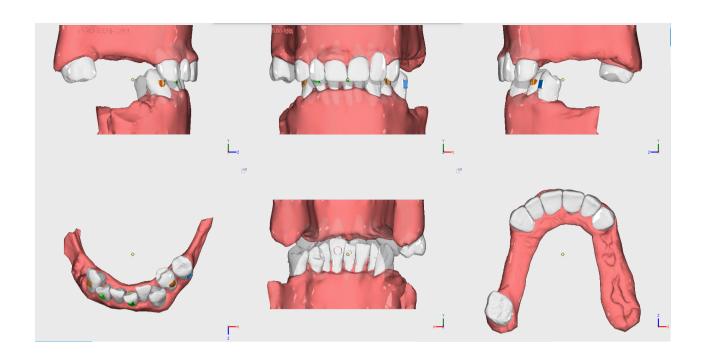
## **Special considerations:**

- 1) BOND ATTACHMENTS before aligners using the Template aligner provided if indicated.
- 2) Please place any buttons or elastics if indicated in the plan for complete correction of rotated teeth.
- 3) Please check for IPR if added for opening contacts and should be diligently carried out as indicated in the plan.
- 4) Kindly monitor the patient every 4-5th aligner stage.
- 5) In case of mid treatment ill fit aligner, kindly continue wearing the last best fitting aligner and provide us a new scan. Continue wearing the aligners till your next sets arrives.

#### **Please Note:**

- 1) Patient is advised to do flossing between the teeth regularly to keep the contacts passive.
- 2) As the lower anteriors are retroclined and there is a deficit of anchor teeth, this is the maximum predictable correction of 32 and 43, that we can do at this stage, further movements planned may not track well, we request you to send new scan after this much alignment has been acheived for further treatment planning.

# **INITIAL**POSITION



# **FINAL POSITION**

