Before and after correction photos

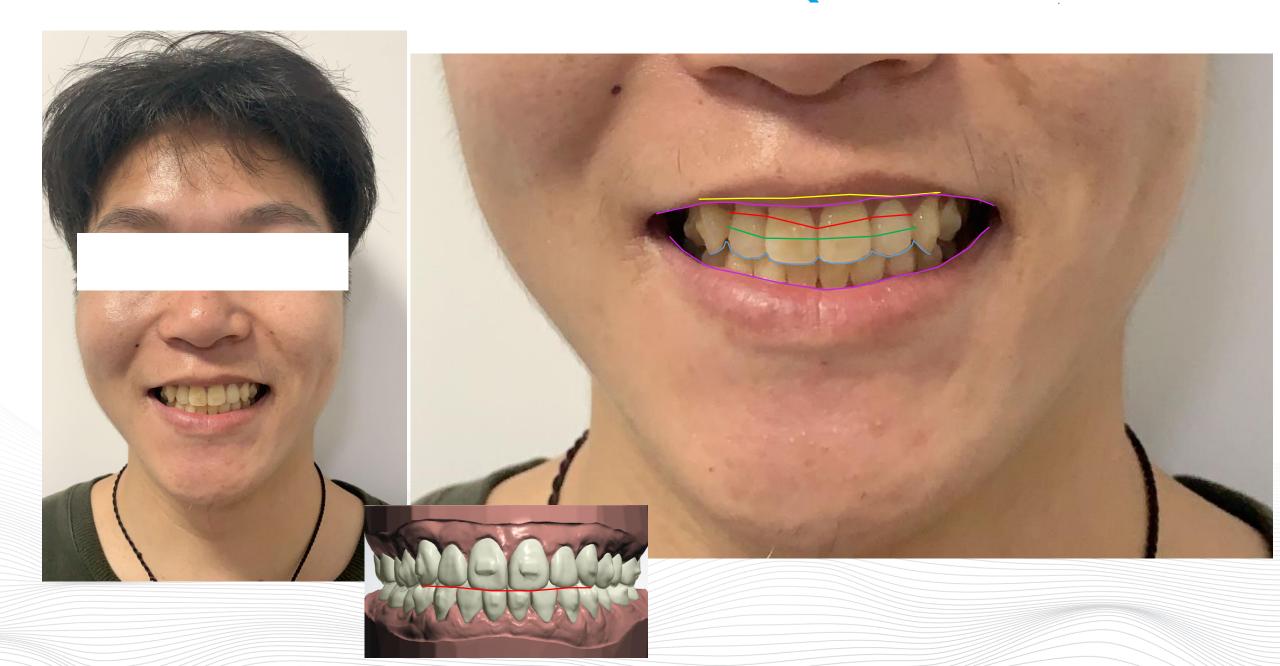
Wear each brace for one week 25 weeks 175 days 5.8 months





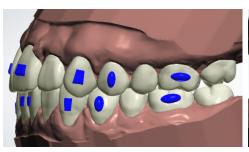


Before and after correction photos

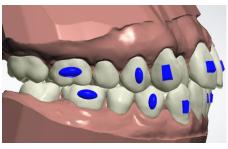


Comparison of models before and after correction

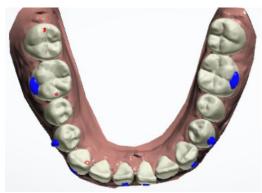
Wear each brace for one week 25 weeks 175 days 5.8 months

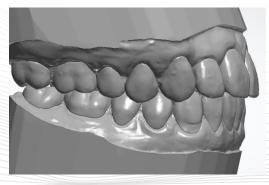












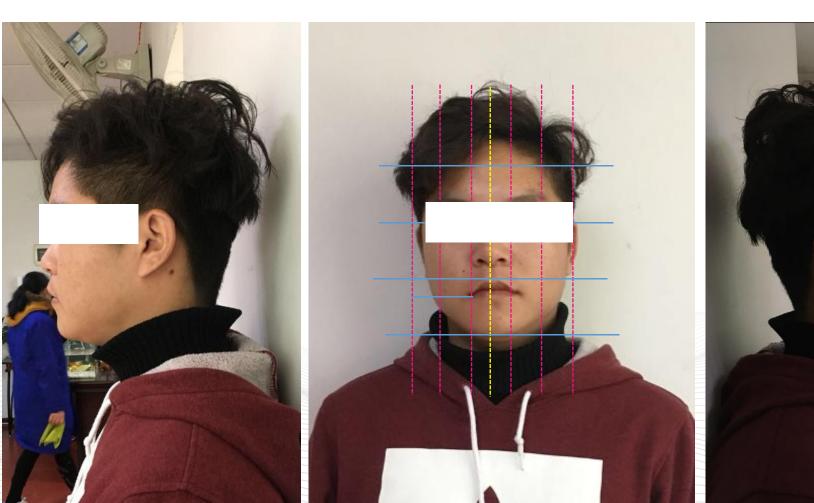








Face photo





Intraoral Recording Photos











Plaster Record Photo









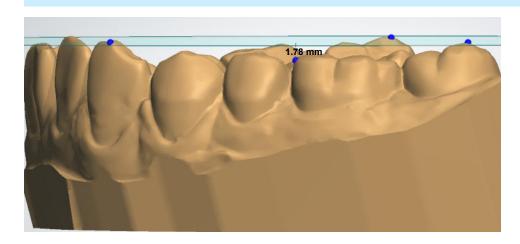


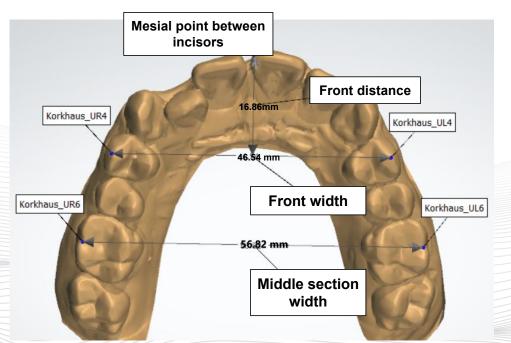
Panoramic film

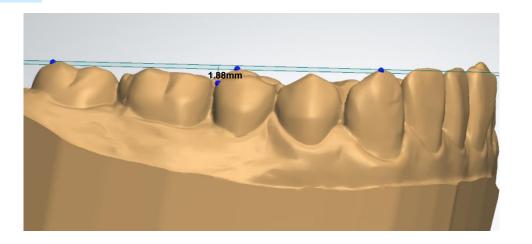


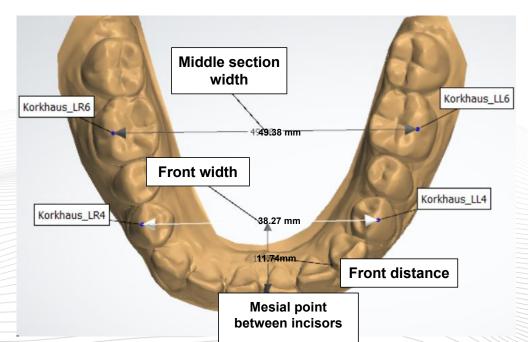
Model Analysis

Jaw curve: (1.78+1.88) / 2 + 0.5 = 2.33mm

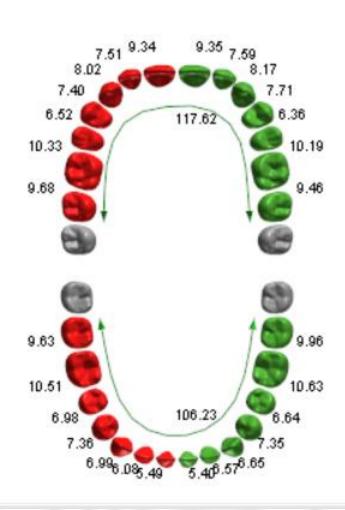


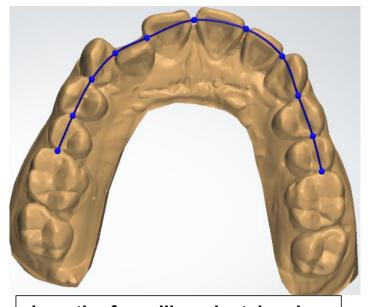


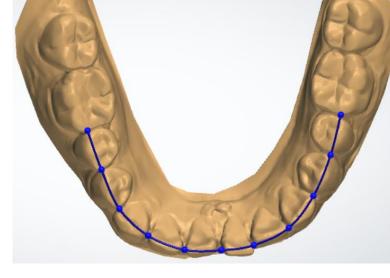




Model Analysis-Crowding







Length of maxillary dental arch: 77.71mm

: 68.37mm

Dental arch crowding (maxillary)=77.97 -77.71 = 0.26mm Dental arch crowding= 65.51-68.37 = -2.85mm

Bolton Index Analysis

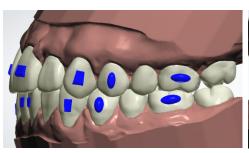
| upon3-3 width | 50.23mm | below3-3 width | 36.98mm | Bolton index | Normal value | Measurements | Remark |
|------------------|---------|-------------------|---------|--------------|---------------------|--------------|-------------------------------|
| | | | | Bolton6 | 78.8 <u>+</u> 1.72% | 74% | 5 11 -1 |
| upon6-6 width | 98.45mm | below6-6 width | 86.66mm | Bolton12 | 91.5 <u>+</u> 1.51% | 88% | Bolton The index is too small |

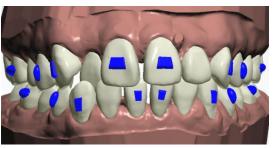
Tooth Movement Data Sheet (Upper/Lower Jaw)——The dental stages are: 25 steps

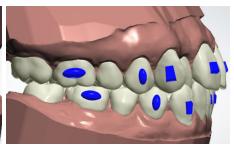
| | 旋转 | 成角 | 倾斜 | 左/右 | 擅出/侵入 | 前进/后退 | 牙齿长轴角度 | IPR 远中 | IPR 近中 |
|----|-----------|----------|----------|---------|---------|---------|----------|--------|--------|
| 18 | - | - | - | - | - | - | - | - | |
| 17 | | | | -0.4 mm | | 0.0 mm | 80.2 deg | | |
| 16 | 0.0 deg | -2.8 deg | -1.2 deg | 0.1 mm | 0.2 mm | | 76.0 deg | | |
| 15 | 9.7 deg | | | -0.4 mm | | 0.4 mm | 73.8 deg | | |
| 14 | | | | -0.4 mm | | -1.1 mm | 76.5 deg | | |
| 13 | -20.0 deg | 3.5 deg | -2.3 deg | -1.1 mm | 0.4 mm | 0.0 mm | 66.5 deg | | |
| 12 | 2.6 deg | 5.7 deg | 13.5 deg | -0.8 mm | 1.0 mm | | 66.9 deg | | |
| 11 | -4.8 deg | 2.3 deg | -0.2 deg | 0.9 mm | 0.2 mm | 0.2 mm | 60.6 deg | | |
| 21 | -6.0 deg | 4.7 deg | -2.3 deg | -2.5 mm | | 0.4 mm | 61.1 deg | | |
| 22 | 6.9 deg | 5.8 deg | -4.8 deg | -2.0 mm | | 1.2 mm | 57.3 deg | | |
| 23 | -21.4 deg | -0.9 deg | -7.7 deg | -0.3 mm | 0.3 mm | 2.0 mm | 65.7 deg | | |
| 24 | | -0.5 deg | | -0.6 mm | | 0.0 mm | 77.6 deg | | |
| 25 | -1.5 deg | -0.5 deg | | -0.5 mm | 0.1 mm | -0.1 mm | 71.7 deg | | |
| 26 | 0.1 deg | -4.7 deg | -1.6 deg | 0.6 mm | | 0.0 mm | 70.2 deg | | |
| 27 | | | -2.4 deg | -0.5 mm | -0.5 mm | 0.0 mm | 65.2 deg | | |
| 28 | - | - | - | - | - | - | - | - | |
| 38 | | - | | - | | | - | | |
| 37 | | | 0.9 deg | | | | 78.0 deg | | |
| 36 | | | | | | | 82.5 deg | | |
| 35 | 9.5 deg | 0.9 deg | 0.1 deg | 0.0 mm | | -0.2 mm | 88.8 deg | | |
| 34 | | | | 0.0 mm | 0.3 mm | -0.5 mm | 76.1 deg | | |
| 33 | 12.8 deg | 3.8 deg | -2.6 deg | -0.4 mm | 0.6 mm | 0.0 mm | 73.3 deg | | |
| 32 | 6.8 deg | 7.8 deg | 2.7 deg | -1.5 mm | 0.4 mm | -0.8 mm | 68.2 deg | | |
| 31 | 11.0 deg | 4.5 deg | -0.6 deg | -0.2 mm | 0.3 mm | -0.7 mm | 66.9 deg | | |
| 11 | 12.6 deg | | | | | -0.8 mm | 69.8 deg | | |
| 12 | | 1.8 deg | | -0.3 mm | -0.1 mm | -0.9 mm | 69.3 deg | | |
| 13 | 13.0 deg | 5.7 deg | -4.1 deg | -1.3 mm | -0.8 mm | -0.4 mm | 75.8 deg | | |
| 14 | -2.5 deg | | -2.3 deg | -0.9 mm | -0.3 mm | -0.2 mm | 79.1 deg | | |
| 15 | | | | -0.6 mm | | -0.4 mm | 74.7 deg | | |
| 16 | -7.1 deg | -0.1 deg | -0.6 deg | -0.7 mm | 0.0 mm | 0.3 mm | 75.3 deg | | |
| 17 | -8.4 deg | | | -0.5 mm | 0.1 mm | 0.7 mm | 68.6 deg | | |
| 18 | - | | | - | | - | | | |

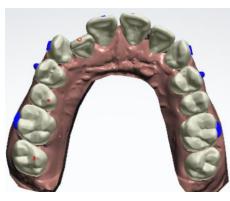
Model pictures

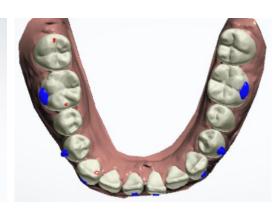
Before correction



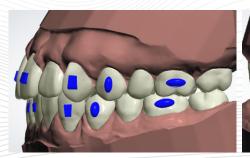




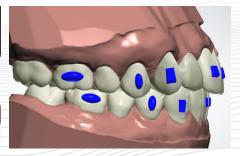




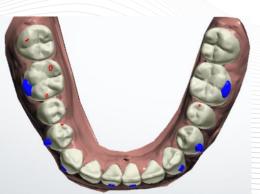
After correction









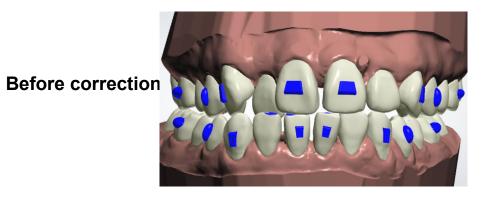


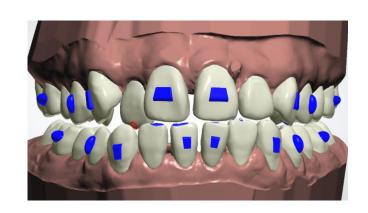
Photos of mandibular functional exercises

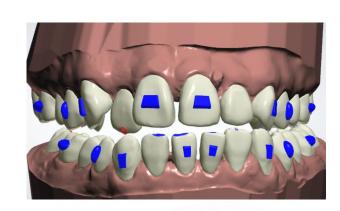
Right side molar



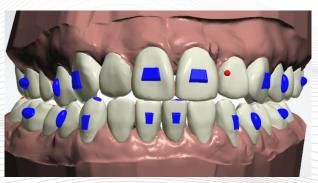
Left side molar



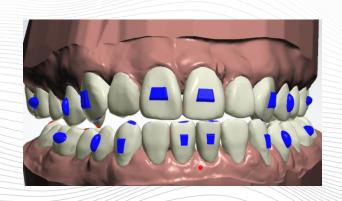




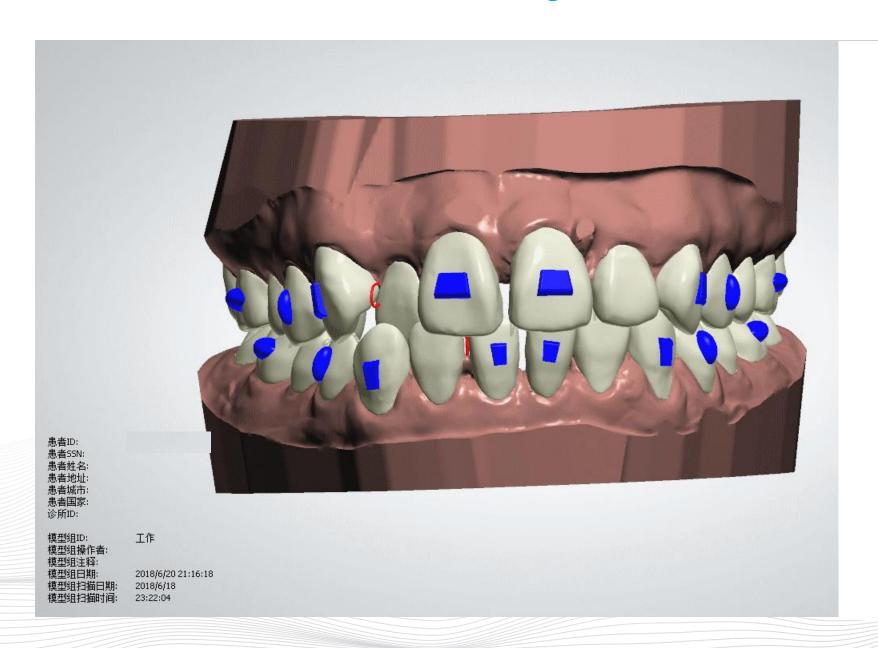


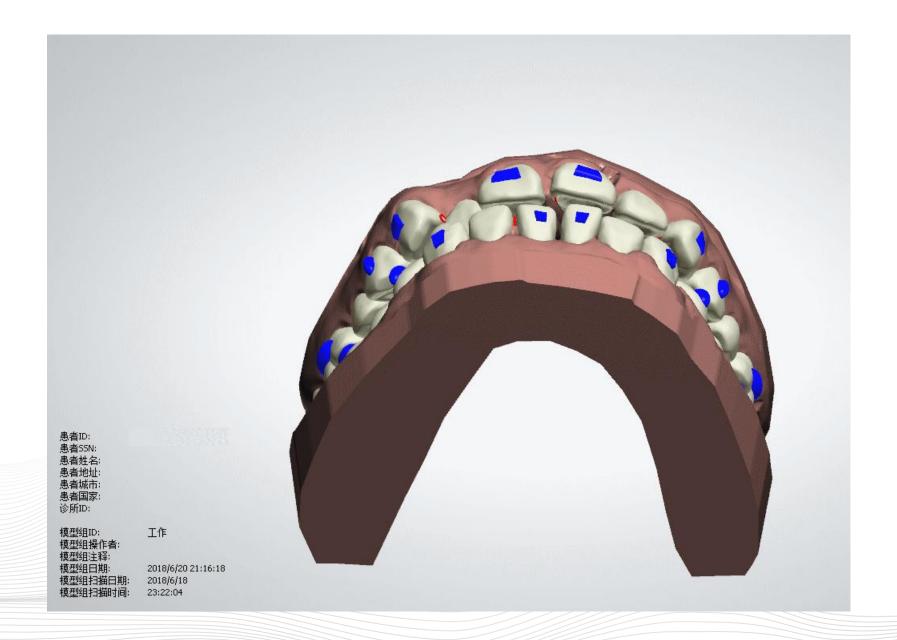


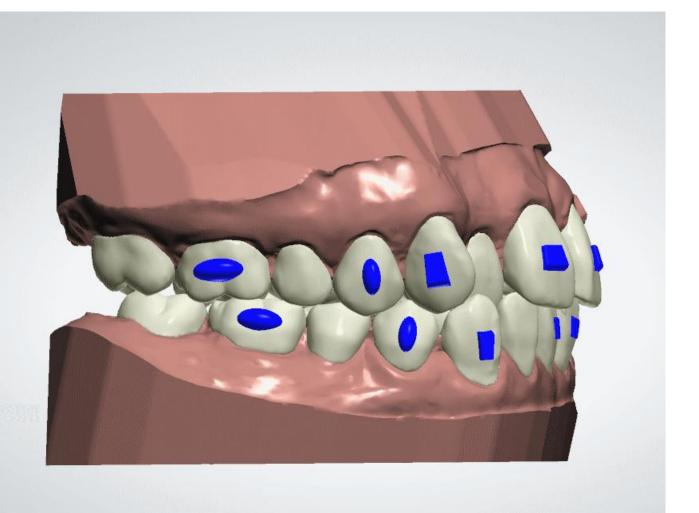




Corrective Design Animation



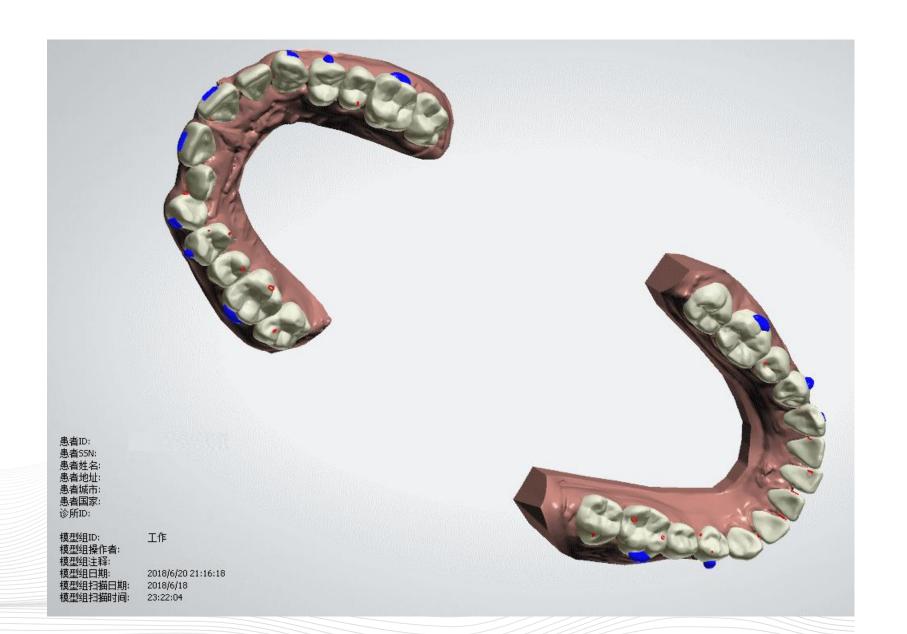




患者ID: 患者SSN: 患者性知: 患者地址: 患者者城下: 患所ID:

模型组ID: 模型组操作者: 模型组注释: 模型组日期: 模型组扫描日期: 模型组扫描时间: 2018/6/20 21:16:18 2018/6/18 23:22:04

工作



Orthodontic treatment Tips

Dear customer (or customer guardian):

We will provide you with high-quality digital invisible orthodontic services. In order to ensure that the invisible braces can achieve the expected results, it is necessary for you to have a correct understanding of the relevant matters of the correction process. Your good cooperation is the key to the success of the correction. Please read the following content in detail.

Dentomaxillary deformity is a developmental deformity of children. Correcting teeth is to move the teeth growing in the alveolar ridge to the normal position. This is a biological reconstruction process, so the treatment course is relatively long. Generally, the treatment of dentomaxillary deformity in deciduous teeth and replacement teeth takes about 6-18 months, and the treatment in the permanent teeth period takes about 2 years. Difficult patients and special cases require longer time. At the first visit, the customer (or customer guardian) should clearly state the main problems that need to be solved to the doctor; during the treatment process, if the patient arbitrarily asks the doctor to change the treatment plan and goals, the adverse consequences or results caused by the patient shall be borne by the patient.

Correction requirements

Read carefully: Please read the instructions for use of customized bracketless invisible braces carefully. If you have any questions, please consult your doctor. Wearing instructions: Please read the instructions for use of invisible braces carefully before using them, so as to have a full understanding of the removal, cleaning, and storage of invisible braces.

1. Wearing time:

- 1. Please strictly follow the doctor's advice and wear and replace the braces in the order of the braces numbers. Under normal circumstances, you need to wear the braces for more than 20 hours a day. Except for eating, brushing teeth, etc., you need to wear them at other times.
- 2. Do not wear invisible braces in an unordered manner, otherwise the expected correction effect cannot be achieved, and unpredictable adverse conditions will occur.

Retention of braces: Please be sure to keep at least 2 pairs of braces that have been used recently, and store them in the brace packaging bag according to the corresponding serial number. If the brace you are wearing is accidentally lost, damaged, or the brace cannot be put in place, etc., you need to wear the brace with the previous serial number first, and then contact your doctor.

- 2. Brush your teeth with warm water after meals;
- 3. Follow the doctor's advice and follow up on time. If you find that the accessories of the braces fall off, you should come to the hospital for treatment in time, otherwise you will bear the consequences;
- 4. Discomfort, mild toothache, oral ulcers, etc. within one month of wearing the braces for the first time are normal reactions, which can be relieved by yourself after gradual adaptation.
- 5. When wearing the braces for the first time, you may experience mild foreign body sensation, pronunciation discomfort, increased saliva secretion, etc.
- 6. After each replacement of the braces, you may experience toothache, looseness, and chewing weakness, which are normal reactions and usually will be alleviated or disappear after 3-4 days. If you have other serious discomfort, please contact your doctor in time.
- 7. Very few patients may experience symptoms of discomfort in the temporomandibular joint, such as clicking and pain. The incidence of temporomandibular joint disease (TMD) in orthodontic patients is the same as that of TMD in the general population. Therefore, conventional orthodontic treatment can neither cause nor prevent the occurrence of TMD. If you have the above situation, please contact and consult a clinician in time.
- 8. In order to achieve the expected effect, the clinician will paste resin attachments on the tooth surface to assist tooth movement. If you refuse to paste, it will affect the correction effect. If the attachment falls off during the correction, please contact the doctor in time to re-paste.
- 9. After the correction, you need to wear a retainer to avoid recurrence.
- 10. If caries, enamel decalcification, tooth fracture, pulp necrosis, tooth blackening, root resorption, gingival atrophy, and alveolar bone resorption occur due to the patient's careless brushing or calcium deficiency, please contact the doctor in time.
- 11. For marginal cases that are treated with tooth extraction, orthodontic treatment can be performed based on the preliminary diagnosis, and then the diagnosis can be clarified through observation of the correction reaction. Therefore, it is entirely possible to modify the correction plan during the correction process for such patients. Please understand;
- 12. For patients with skeletal malocclusion who have passed the peak of growth and development, orthodontic treatment can only improve the facial shape by concealing the correction method, and cannot achieve the purpose of correcting skeletal deformities. Please understand.
- 13. Risks: During orthodontic treatment, unexpected situations beyond the control of the doctor may occur, such as root resorption (especially short-rooted teeth, teeth that have been traumatized, teeth that have received endodontic treatment or teeth with root resorption), pulp necrosis, etc. A few patients' teeth may not be able to move due to the presence of hard-to-find root bone adhesions, making it impossible to complete the treatment plan. Long-term overlapping teeth lack interproximal gingival tissue, and after alignment, a "black triangle" gap appears between the necks of the teeth, affecting the appearance.
- 14. When the patient's teeth are not proportional, invisible braces, like fixed braces, may require some teeth to be deglazed on the adjacent surfaces and enlarged in order to adjust the occlusal relationship.
- 15. The doctor's design plan takes into account the patient's requirements, health, beauty, function, stability and personal conditions. It may not meet all your requirements and special preferences, but we will do our best to provide you with the best treatment effect that can be achieved at the current medical level.
- 16. The doctor's treatment plan needs to be communicated with the patient. After the patient agrees, the doctor submits the plan to the system. Once submitted, the system will automatically go into production and the plan cannot be modified. If the patient wants to change the plan for personal reasons or interrupt the treatment, no refund will be given.

5. About the cost of correction:

The cost of orthodontic treatment is your investment in health and beauty. If the appliance is damaged, lost, or the treatment plan is changed due to the patient's own reasons, additional fees will be charged. If the payment cannot be made as agreed, it will be regarded as automatic abandonment of correction. The paid fees will not be refunded. All consequences arising from this will be borne by the patient. The cost of invisible correction does not include X-rays, photography, tooth extraction, removable devices, extraoral devices, retainers, etc. The final cost is subject to the doctor's prescription.

★ I have read the above content carefully, and the doctor has explained the unclear points clearly. I will seriously follow the above precautions, otherwise all consequences caused by my own reasons will be borne by me; at the same time, I also understand that the above problems may occur during orthodontic treatment and agree to the treatment.

Contact number: Year Month Day

Thanks for watching