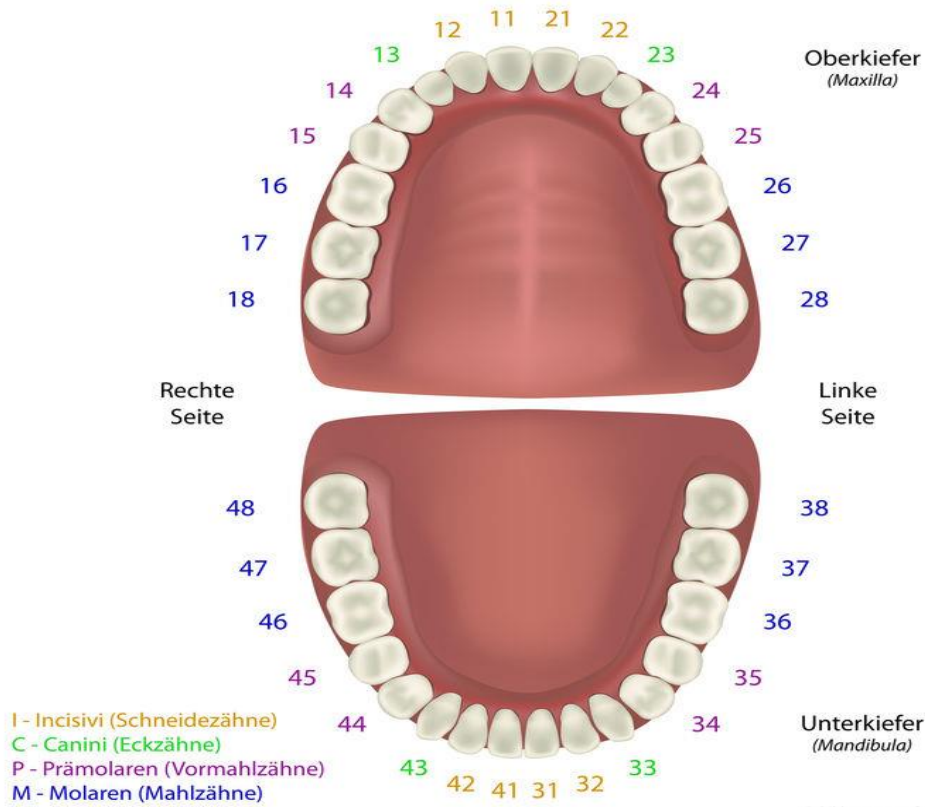


Patient Details:

Name: _____

Age: _____

Gender: _____



Kindly draw a circle around the teeth to be aligned.

Kindly mark the kind of restoration the patient has or is planning to get. (If none is there or planned continue without marking).

Description:

(Include Information's like, dental & orthodontic records & expectations on Result.)
