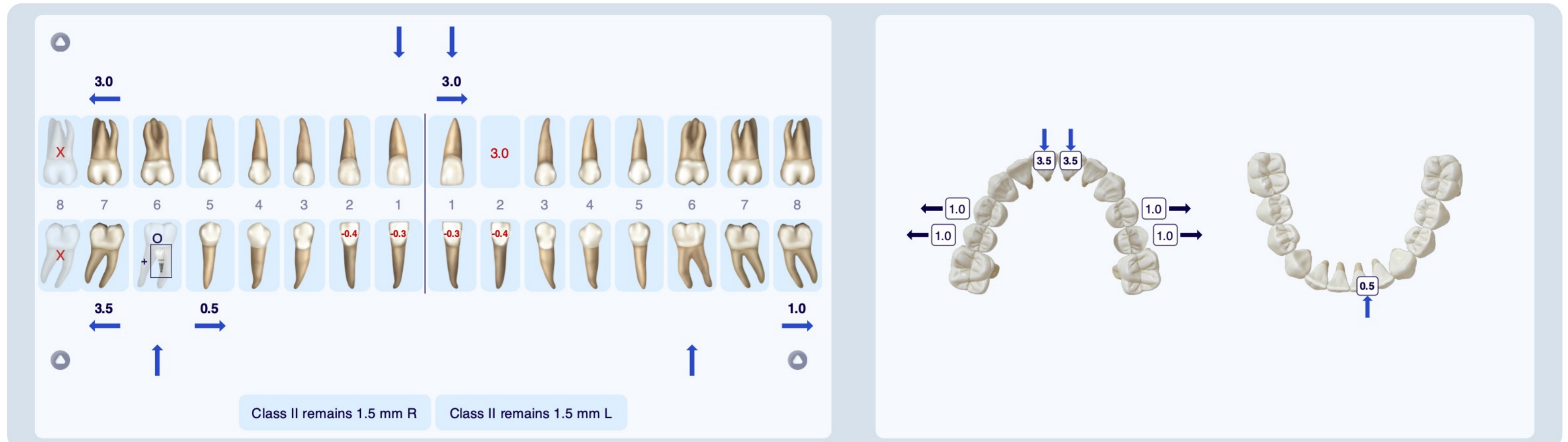




Approximate planned treatment time (months): 20-24

Doctor's comments on treatment plan: Upper left lateral canine substitution, distalization upper right



### Check list for treatment plan presentation

### Taken into consideration?

Thank the referring general dentist and coordinate the treatment plan if necessary

If the patient has already had many consultations, they may be demanding or unable to find a suitable option. Discuss why they are still searching, what exactly they are looking for, what their decision-making criteria are, and what matters most for starting treatment

The motivation is primarily esthetic; consider this when discussing the treatment plan and during motivation

Treatment will progress more slowly due to NSAID use; add 6 months to the treatment duration and inform the patient

Bruxism may lead to more frequent breakages and slower progress. Add 6 months to the treatment duration and instruct the patient not to clench their teeth during the day

There is facial asymmetry present before treatment, and it will not be corrected without surgery

The profile will likely appear flattened because the incisors are being moved posteriorly and orthognathic surgery is not planned. Inform the patient. Cosmetic correction may be considered

Certain teeth 42, 31 are anatomically prone to recession during derotation. Inform the patient and show the findings. Avoid proclination; perform derotation only after space has been created. Soft-tissue grafting may be required afterward. For prevention, consider augmentative corticotomy before beginning derotation

Inform the patient that on both sides the final contacts between the teeth may not be ideal, and other dentists may later comment on this. It is not harmful

Space closure is planned from the lateral incisor area, with the canine moving into the position of the lateral incisor and the premolar moving into the canine position. Inform the patient about the need for IPR on the canine, possible restorative reshaping of the canine and premolar, and possible whitening of the canine if optimal esthetics are desired

Ask the patient about the severity of their nighttime apnea. If they have regular daytime sleepiness or decreased concentration, recommend referral to a sleep specialist

The patient presents with joint hypermobility syndrome. Advise that hypermobility-related clicking or possible subluxation may occur with wide opening. Instruct the patient to limit excessive mouth opening and monitor maximum opening during treatment

Inform the patient that there have been, or currently are, some TMJ issues. If these concerns are not significant for the patient, we simply monitor. If symptoms worsen, osteopathic therapy, exercises, NSAIDs, or possibly a splint may be required