



How to Submit an Aligner Case for Treatment Planning



Overview


New Aligner Order


Manufacturing aligners (No Treatment plans OR Remakers)

Total Cases

0

- Draft
- In Planning
- Waiting for Approval
- Approval Pass
- In Production
- Shipped



In Planning
0

In Production
0

Waiting for Approval
0

Approval Pass
0

Approval Pass
0

Shipped
0

Q

Case status

From: all/all/all/all


To: all/all/all/all

1/1


No results were found. Check your spelling or try with a different keyword.

New case

Product Type Patient Details Treatment Request File Upload & Confirmation



Clear Aligners (3D Aligners)



Metal Aligner

Next

New case

Product Type | **Patient Details** | **Treatment Request** | **File Upload & Confirmation**

First Name

Last Name *

Gender * Male Female Prefer not to say

Date of Birth

Country

Fill in the mandatoy fields

Date of Birth is not mandatory but always helpful when creating a treatment plan.

Country is not mandatory but helpful for keeping accurate records.

Back

Next

Proceed to the next step

Click on a tooth to add any special information related to individual teeth, such as implants, bridges, or other details.
(This step can be skipped if no information is required for any tooth.)

Tooth Chart Please indicate on Tooth State if necessary

UR7	UR6	UR5	UR4	UR3	UR2	UR1	UL1	UL2	UL3	UL4	UL5	UL6	UL7
LR7	LR6	LR5	LR4	LR3	LR2	LR1	LL1	LL2	LL3	LL4	LL5	LL6	LL7

From the dropdown, select the applicable note for each tooth

Tooth UR2

- None -

- None -
- Missing
- Planned for extraction
- Inlay / Onlay / Filling
- Crown
- Bridge
- Implant
- Retained deciduous
- Please do not move

Tooth UR2

Planned for extraction

Save to apply changes

New case

Product Type Patient Details **Treatment Request** File Upload & Confirmation

Both Chart Teeth indicate on both sides if necessary



Provide detailed information regarding the treatment you are seeking and the desired outcome.

Doctor's Instructions

Empty text input field for Doctor's Instructions.

Teeth **Both arches** Upper Arch Lower Arch

Treatment Type **3-3 Social Smile** 3-3 Pre-invisalign to pre-invisalign 3-7 Full Treatment **As Recommended**

Design **Standard** Express

Treat * Both arches Upper Arch Lower Arch

Treatment Type * 3-3 Social Smile 5-5 Pre molar to pre molar 7-7 Full Treatment As Recommended

Overjet * Maintain Improve

Overbite * Maintain Improve

Midline * Maintain Improve

For each category, select the option that applies to your request

IPR * Yes No As Recommended

Attachments * Yes No As Recommended

We recommend selecting **'As Recommended'** for IPR and attachments. Otherwise, we will inform you about possible deviations necessary to achieve desired results.

Doctor's Instructions

Patient is happy with Phase 1, please produce phase 2

Use the **'Doctor's Instructions'** field to specify your preferences for the treatment plan. If a pontic is required, specify the tooth and add the shade (A1, A2, or A3).

Back

Save

Proceed to next steps



New case

Product Type

Patient Details

Treatment Request

File Upload & Confirmation

Impression Type *

Intraoral Scan

Desktop Scan

Silicone Impression

Upper scan(.stl)

Choose File

Lower scan(.stl)

Choose File

Bite scan(.stl)

Choose File

The upload of a bite scan is recommended for more accuracy

Select the type of scan that will be uploaded

Submission of both arches, **upper and lower**, is **mandatory** for treatment planning request. Bite Scan is ideal to for a more safe and predictable movement

Scans must be uploaded in STL format

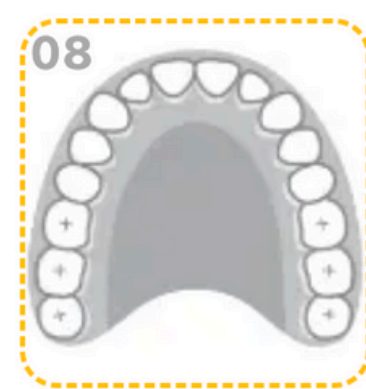
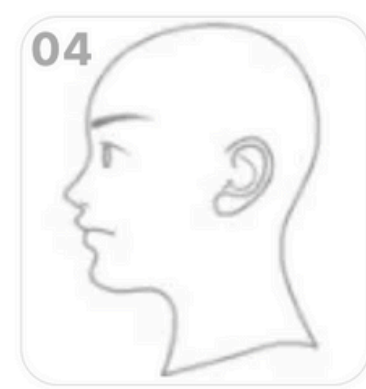
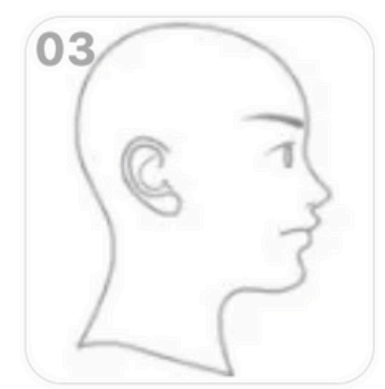
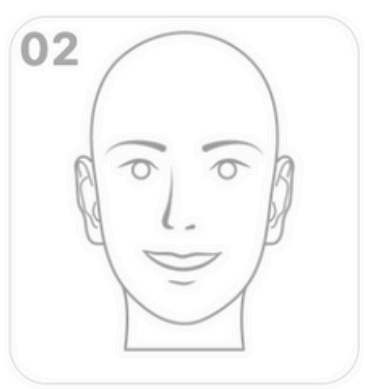
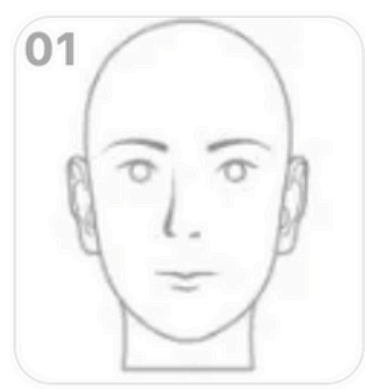


File name (0)

Choose file

Required fields are indicated by an asterisk

Clinical Photos (Please click on the images below to upload photos)



Add a new file

Choose file

Other documents / Photos

Extraoral photos are helpful for optimal planning

Follow the guide of which photos to upload. Visual samples are available on each field.

- Frontal bite
- Upper and lower occlusal
- Left and right lateral view



Radiographs

Add a new file

Choose File

An **x-ray** is used to assess the roots and bone structure and highly recommended for optimal, predictable, and safe planning.

Other documents / Photos

Add a new file

Choose File

For additional files, upload them using the **'Other documents/Photos'** button.

I hereby confirm that I have filled out the form completely and truthfully. *

I hereby confirm that I have read and accepted the Privacy policy. Furthermore, I agree to the processing of related data. * [Privacy Policy](#)

Confirm that everything has been filled completely and truthfully.
Read and confirm the privacy policy.

Back

Save

Create the draft

Dashboard > Case List

Case 123 has been created. Please check the information for completeness and correctness and release the case for planning by clicking on 'Submit case'.
Case [123](#) has been created.

Submit the case

'Submit the case' to send to production

Edit Case to go back. **Delete Case** to cancel and remove case from the portal.

Each saved case will go through a DRAFT stage which will allow you to make changes before submitting the final request.

Once your draft has been created, review the details thoroughly.

TP
Test Patient
(Case 123)

View
Edit
Delete

Treatment Information

Case Name	Treatment Type
Created At	Updated At
Accepted At	Original Case



Clinical data

You will find all previously uploaded documents and information inside the draft, allowing you to review them before finalizing the case submission.

Add Other Documents

OPTIONAL
'Add Other Documents' allow you to upload new files to a case that's already been submitted.

T Add New Comment *

*** Use this field to ask questions. Our team will respond within 1 business day***

Save

Dashboard > Case List

The case has been submitted.

A confirmation banner will appear after you submit the case



Case ID182

Treatment Information

Case Name TP Case	Treatment Type TP Treatment
Created At 12/12/2023	Updated At 12/12/2023
Assigned To TP User	Assigned To TP User



Documents



Treatment Plans

No treatment plans yet

A unique Case ID will be generated

To protect the privacy of the patient, always refer to the case ID when communicating with our team.

Clinical data

Case Name: TP Case

Treatment Type
TP Treatment

Files

Attachments

Dashboard > Case List

You will receive an email notification when the Treatment Plan Simulation is uploaded or when comments from our specialists are added to the case.

TP
Test Patient
12345678

Case
12345678

Case
12345678

Case
12345678

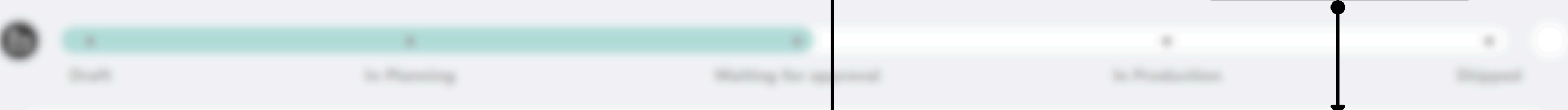
Case
12345678

Case
12345678

Case
12345678

Treatment Information

Case Name 12345678	Treatment Type 12345678
Created At 12/31/2023 10:00:00 AM	Updated At 12/31/2023 10:00:00 AM
Approved At 12/31/2023 10:00:00 AM	

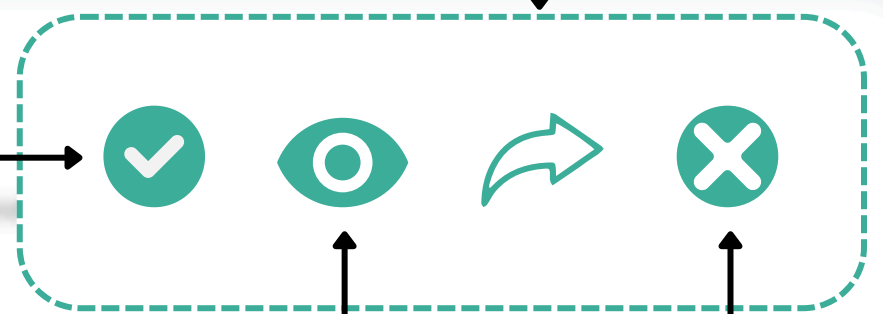


Treatment Plans

12345678

Accept the plan to proceed with production

Share the link without giving the viewer access to the portal



View the simulation

Reject the plan

Clinical data

Case 12345678	Treatment Type 12345678
Case 12345678	

Case
12345678

Case
12345678

Plan | Add history | Add information



Test Patient
(Case #123)

- Case #123
- Case #124
- Case #125
- Case #126
- Case #127
- Case #128
- Case #129
- Case #130

Treatment Information

Order Name
TP Case

Created At
2023-01-01 10:00

Updated At
2023-01-01 10:00

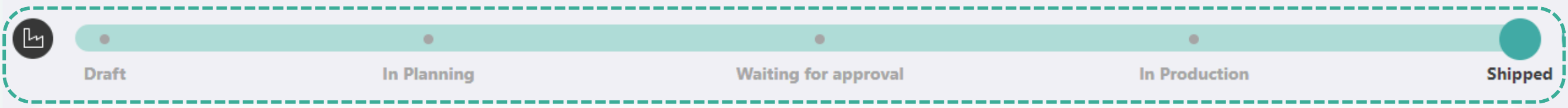
Treatment Type
TP Treatment

Updated At
2023-01-01 10:00

Created At
2023-01-01 10:00



Once accepted, the status will change to **'In Production'** and **'Shipped'** accordingly.



Treatment Plans

Case Name	Status	Created At	Updated At
TP Case	In Production	2023-01-01 10:00	2023-01-01 10:00

Clinical data

Case #123

Case #124

Treatment Type
TP Treatment

Updated At
2023-01-01 10:00

Files

Upload file Activate Windows
Go to Settings to activate Windows.

Other documents / Photos