



How to Submit an Aligner Case for Treatment Planning



Remember me

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Sign in to the Aligner Portal with your username and password.



Remember me [Recover my password](#)

Sign In

Register

Overview



New Aligner Order



Click on “**New Aligner Order**” to submit a new case.



Upload STLs for manufacturing aligners (No Treatment plan) OR Retainers

In Planning

0

In Production

0

Waiting for Approval

0

Draft

0

Rejected Plans

0

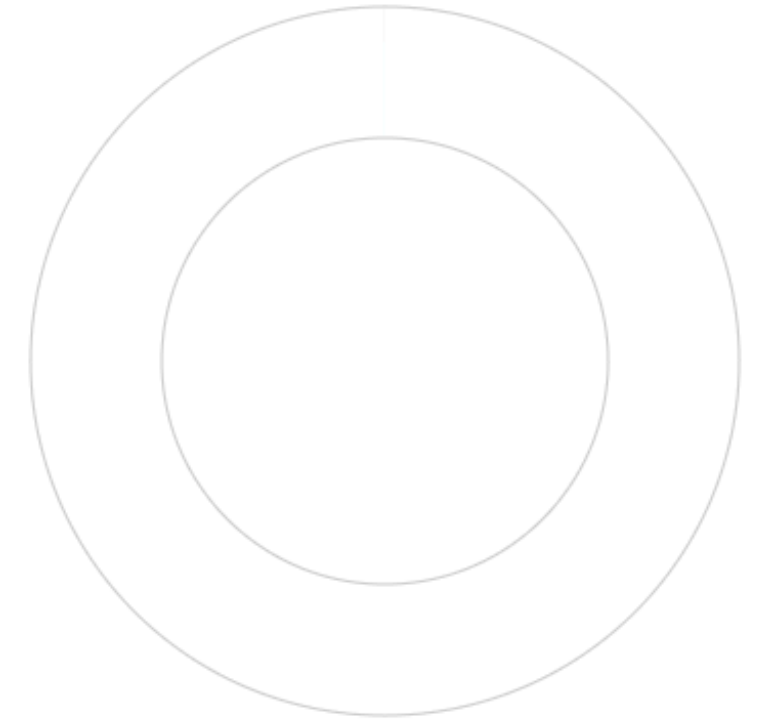
Shipped

0

Total Cases

0

- Drafts
- In Planning
- Waiting for Approval
- Rejected Plans
- In Production
- Shipped



Search...



Case status



From dd/mm/yyyy



To dd/mm/yyyy



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

5



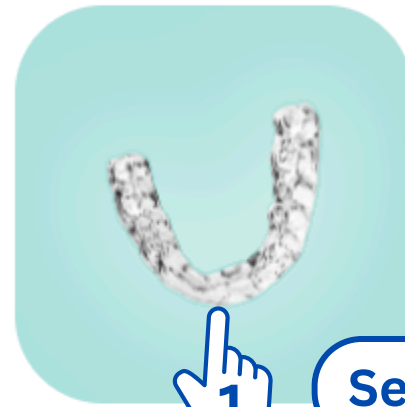
New case

Product Type

Patient Details

Treatment Request

File Upload & Confirmation



Select the product type

Clear Aligners (3D Aligners)

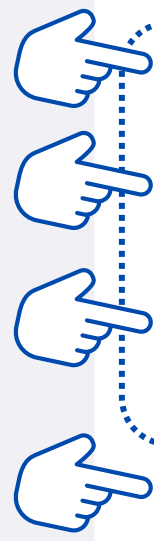
Next

Click "Next"

New case

Product Type	Patient Details	Treatment Request	File Upload & Confirmation
	<p>First Name <input type="text" value="Test"/></p> <p>Last Name * <input type="text" value="Patient"/></p> <p>Gender * <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to say</p> <p>Date of Birth <input type="text" value="14/02/2008"/> </p> <p>Email <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/></p> <p>State/Province <input type="text"/></p> <p>Country <input type="text" value="Germany"/></p> <p>Postal code <input type="text"/></p>		

For the Patient Details, you will need to fill in 3 mandatory 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

Click “Next”

Update case

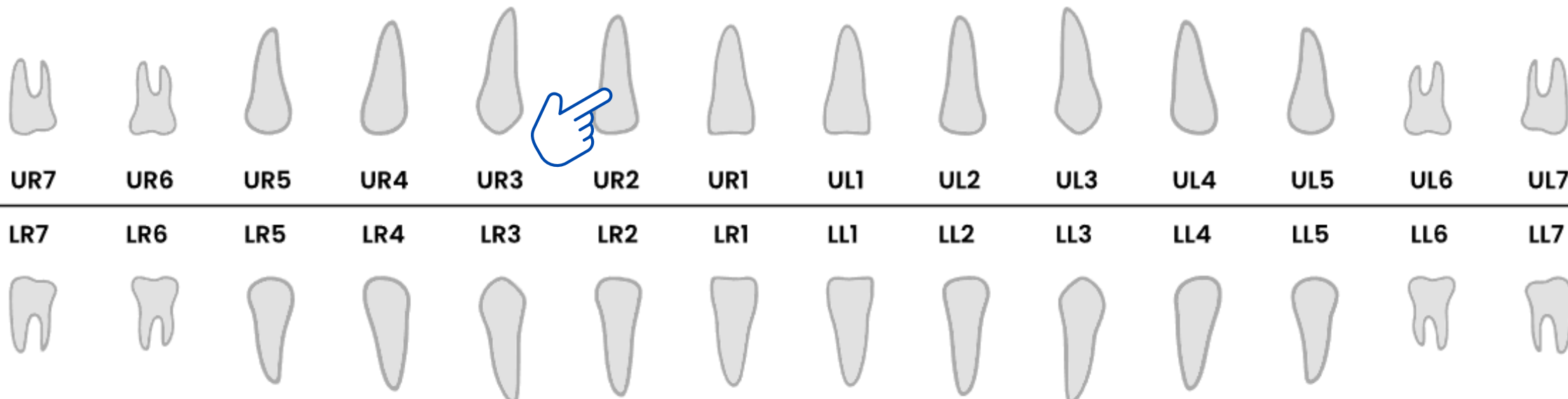
Product Type

Patient Details

Treatment Request

File Upload & Confirmation

Tooth Chart Please indicate on Tooth State if necessary



Complaints

Patients want to reduce overbite and straighten both arches.

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

Click on a specific tooth to add any special information related to individual teeth, such as implants, bridges, or other details.

This part is optional and can be skipped if no information is needed.

New case

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

Tooth Chart Please indicate on Tooth State if necessary

UR7	UR6	UR5	UR4	UR3	UR2	UR1	UL1
LR7	LR6	LR5	LR4	LR3	LR2	LR1	LL1

Tooth UR2

Planned for extraction

Tooth UR2

- None -

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

From the dropdown, select the information for each tooth.

Complaints

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

Overjet * Maintain Improve

Overbite * Maintain Improve

Midline * Maintain Improve

New case

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

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

The tooth selected will be highlighted.

Complaints

Patient wants to reduce overbite and straighten both arches.

In the "**Complaints**" field, please provide detailed information regarding the treatment you are seeking and the desired outcome.

You can also use this field to specify your preferences for the treatment plan.

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

Select the arch that requires treatment.

If you have a preference for the type of treatment, choose the appropriate option.

Alternatively, you can select "As Recommended".

Use the "Comment" field to provide any additional information.

If a pontic is required, specify the tooth and add the shade (A1, A2, or A3).

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

IPR * Yes No As Recommended

Attachments * Yes No As Recommended

Comment

Brackets will be removed before aligner treatment. Please also add pontic to LR4 in shade A1

Select your preferences for **Overjet, Overbite, and Midline.**

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

Back

Save

Click "Save"



New case

Product Type

Patient Details

Treatment Request

File Upload & Confirmation

Impression Type *

Intraoral Scan

Desktop Scan

Silicone Impression

Upper scan(.stl)

Choose File

UpperJawScan_8.stl



Lower scan(.stl)

Choose File

LowerJawScan_9.stl



Bite scan(.stl)

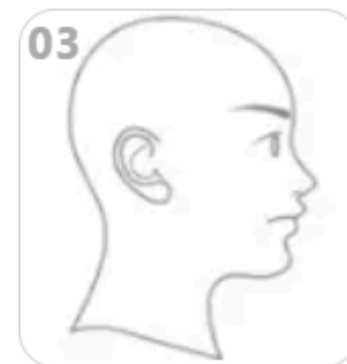
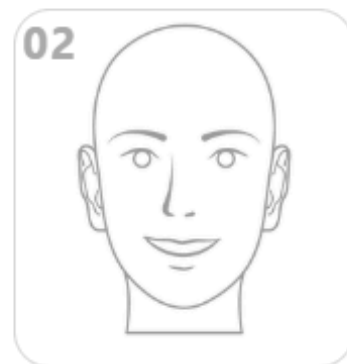
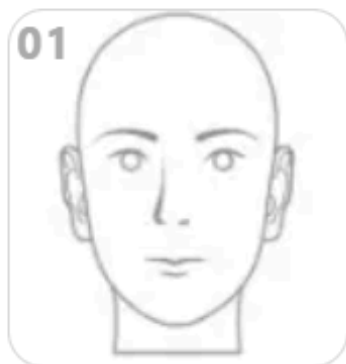
Choose File

BiteScan_5.stl



The upload of a bite scan is recommended for more accuracy

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



Select the type of scan to upload.

Upload the Upper and Lower scans (and ideally the Bite scan) in STL format.

Submission of both arches are always mandatory to request planning.



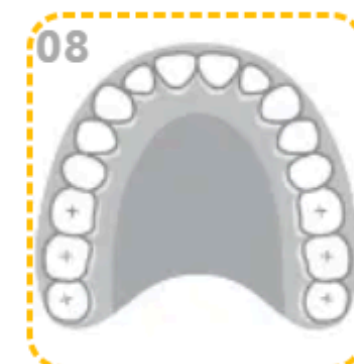
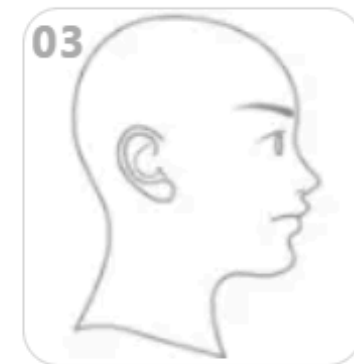
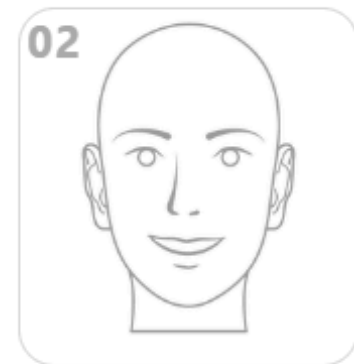
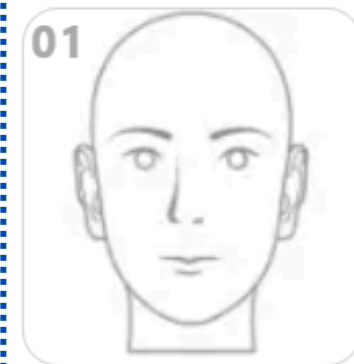
Bite scan(.stl)

Choose File

The upload of a bite scan is recommended for more accuracy

Extraoral photos are helpful for optimal planning.

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



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

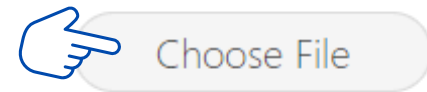
Choose File

Other documents / Photos



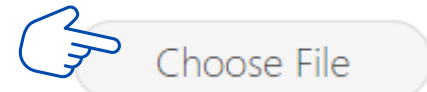
Radiographs

Add a new file



Other documents / Photos

Add a new file



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

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

Click “Save” to create the draft.

Dashboard > Case List

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

Case 182 has been created. Please check the information for completeness and correctness and release the case for planning by clicking on 'Submit case'.
Case [Test Patient](#) has been created.

When you are ready to submit, click on **“Submit the case”**.

Submit the case Edit Case Delete Case

Unless the case is submitted, the status will remain as draft and our team will not process the case.

If you need to modify the details, click on **“Edit Case”** to go back.
You can also click on **“Delete Case”** if you do not want to move forward.



Test Patient
Case ID182

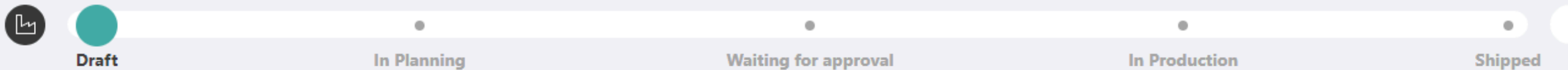
Gender
Prefer not to say
Year of birth
Country
City
Email
Patient number
4f06b97f-4bb4-497b-a4b2-f5dae2d0f0ba

Treatment Information

Doctor Name
Test User
Created At
29-04-2024 19:48
Accepted At
Not accepted

Treatment type
7-7 Full Treatment
Updated At
29-04-2024 19:55
Original Case
N/A

Status
New



Treatment Plans

No treatment plans yet

Clinical data



Scroll down to the review the details.



Files

Clinical data

Treat:
Both arches

Overjet:
Improve

Midline:
Improve

Attachments:
As Recommended

Tooth Information
Tooth Number: 17

Tooth State: Planned for extraction

Bite scan

Bite scan(.stl):
BiteScan_5.stl

Mon, 04/29/2024 - 21:55

Lower scan

Lower scan(.stl)
LowerJawScan_9.stl

Mon, 04/29/2024 - 22:01

Treatment Type:
As Recommended

Overbite:
Improve

IPR:
As Recommended

Impression type:
Intraoral Scan

Chief Complaints

Upper scan

Upper scan(.stl)
UpperJawScan_8.stl

Mon, 04/29/2024 - 22:01

Clinical photos



Mon, 29/04/2024 - 08:00

Your draft will include an overview of the case submission.

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

Files

Radiographs

OPG.png

Other documents / Photos

Lab report

Add Other documents

To upload additional documents, click "Add Other Documents".

Add New Comment *

Use the comment box for any kind of communication with our team. Ask questions about deliveries, treatment plans, and assessments here.

Our team will respond within one business day.

Save



The case has been submitted.

Once you have successfully submitted the case, you will see a confirmation at the top of the page.
Our doctors will start with the treatment plan.



Test Patient

Case ID182

Gender

To protect the privacy of the patient, the unique Case ID will serve as the only reference when communicating with our team.

4f06b97f-4bb4-497b-a4b2-f5dae2d0f0ba

Treatment Information

Doctor Name
Test User

Created At
29-04-2024 19:48

Accepted At
Not accepted

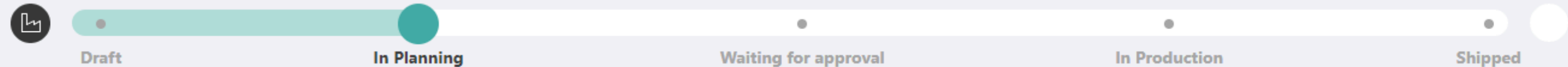
Treatment Type
As Recommended

Updated At
29-04-2024 20:01

Original Case
N/A



Status
In Planning



Treatment Plans

No treatment plans yet

The **Treatment Plan Simulation** will be uploaded, within the agreed Turn-Around-Time.

Clinical data

Treat:
Both arches

Treatment Type:
As Recommended

Files

Radiographs ^

Modification request



Test Patient
Case ID182

Gender
Prefer not to say

Year of birth

Country

City

Email

Patient number
4f06b97f-4bb4-497b-a4b2-
f5dae2d0f0ba

Treatment Information

Doctor Name
Test User

Treatment Type
As Recommended

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

Treatment Plans

6c83ac1e-90a5-4c44-ac6b-40439479db27

04-30-2024 07:21

pending



Clinical data

Treat:
Both arches

Treatment Type:
As Recommended

Overjet:

Overbite:

Files

Radiographs

Activate Windows
Go to Settings to activate Windows.

Other documents / Photos



Modification request



Test Patient
Case ID182

Gender
Prefer not to say

Year of birth

Country

City

Email

Patient number
4f06b97f-4bb4-497b-a4b2-
f5dae2d0f0ba

Treatment Information

Doctor Name
Test User


Treatment Type
As Recommended

Created At
29-04-2024 19:48

Updated At
30-04-2024 19:21

When the Treatment Plan Simulation is upload, review the details by clicking the **“View”** button and click on **“Accept”** to proceed with production.



 **“Share”** to generate and email with a link to the simulation.

This link can be shared with patients without needing access to the portal.

 **“Reject”** to reject the treatment plan.

Treatment Plans

6c83ac1e-90a5-4c44-ac6b-40439479db27

04-30-2024 07:21

pending



Clinical data

Treat:
Both arches

Treatment Type:
As Recommended

Overjet:

Overbite:

Files

Radiographs

Activate Windows
Go to Settings to activate Windows.

Other documents / Photos

Phase 2 Add Retainer Add Refinement



Test Patient
Case ID182

Gender
Prefer not to say

Year of birth

Country

City

Email

Patient number
4f06b97f-4bb4-497b-a4b2-f5dae2d0f0ba

Treatment Information

Doctor Name
Test User

Created At
29-04-2024 19:48

Accepted At
30-04-2024 00:00

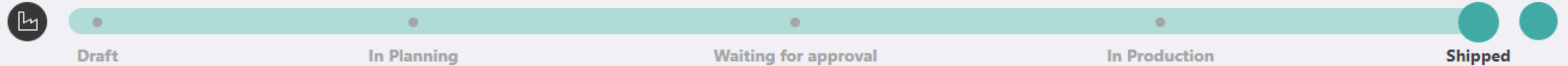
Treatment Type
As Recommended

Updated At
30-04-2024 19:26

Original Case
N/A



Status
Shipped



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

Treatment Plans

6c83ac1e-90a5-4c44-ac6b-40439479db27

04-30-2024 07:23

accepted



Clinical data

Treat:
Both arches

Overiet:

Treatment Type:
As Recommended

Overbite:

Files

Radiographs

Other documents / Photos

Activate Windows
Go to Settings to activate Windows.

Modification request



Test Patient
Case ID182

Gender
Prefer not to say

Year of birth

Country

City

Email

Patient number
4f06b97f-4bb4-497b-a4b2-
f5dae2d0f0ba

Treatment Information

Doctor Name
Test User

Treatment Type
As Recommended



Status
g Plan Review

You will receive an email notification for case activities.

Shipped

Treatment Plans

6c83ac1e-90a5-4c44-ac6b-40439479db27

04-30-2024 07:21

pending



Clinical data

Treat:
Both arches

Treatment Type:
As Recommended

Overjet:

Overbite:

Files

Radiographs

Activate Windows
Go to Settings to activate Windows.

Other documents / Photos

