

Minor adjustments,
straight smile.



Check-up

JOB NUM.

PATIENT / STORY NUM.

CLINIC

DR.

TREATMENT

RM R1 R2 R3 R4

CURRENT RIGHTRIMESTER – RT

1ST RT 2ND RT 3RD RT 4TH RT

UNIMAXILLARY BIMAXILLARY

CHECK-UP REPORT

INITIAL

CURRENT

PLANNED

SUPERIOR

INFERIOR

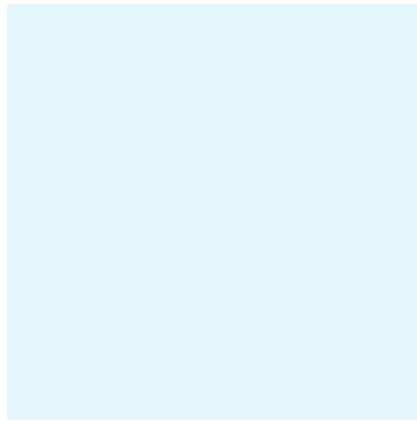
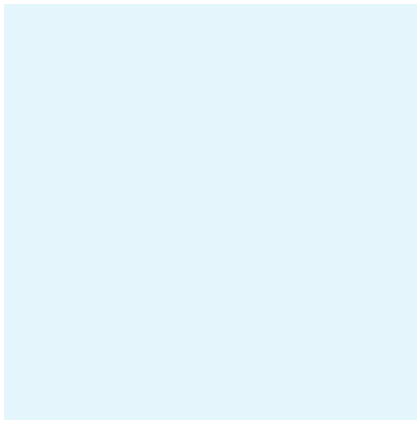
Minor adjustments,
straight smile.



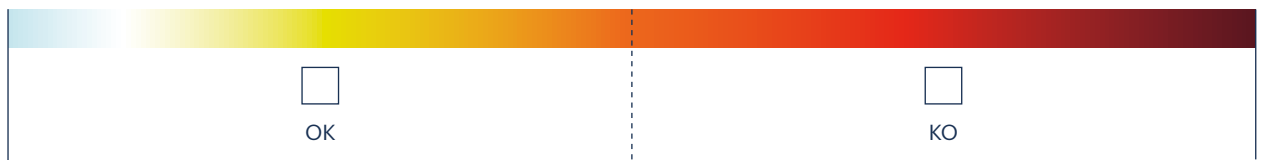
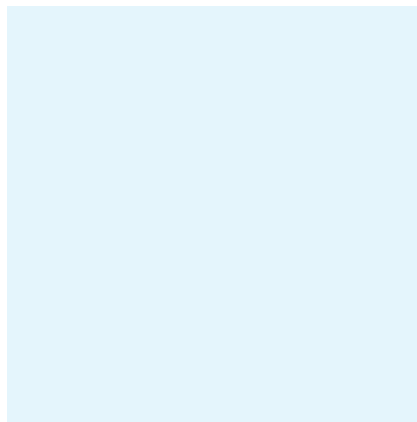
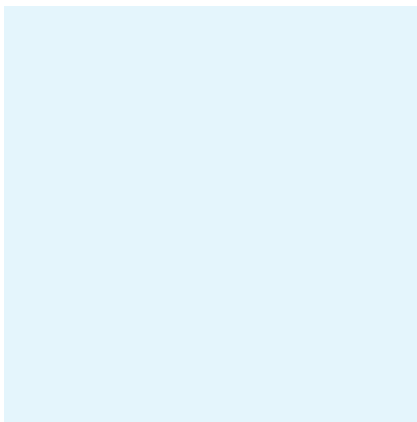
CHECK-UP REPORT

COMPARATIVE RESULT

SUPERIOR



INFERIOR



OBSERVATIONS