

Anterior Openbite Study

Practitioner's Retainer Use Form (to be completed at all regularly scheduled retainer check visits)

Visit Date: |__|_|/|__|_|/|_2_|_0_|_1_|_|
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1. Has the anterior openbite relationship been stable since the end of treatment?

- Yes (Skip to Q2) No (Go to Q1a)

1a. If no, indicate the current overbite status:

- The overbite has lessened, but there is still incisal overlap
- The overbite has lessened, and there is no longer incisal overlap
- The overbite has deepened, and there is more incisal overlap
- The overbite has deepened, but there is no incisal overlap

2. Have there been any changes in alignment of the upper incisors?

- Significant changes
- Minor changes
- No changes

3. Have there been any changes in alignment of the lower incisors?

- Significant changes
- Minor changes
- No changes

4. Rate the patient's compliance with retainers.

- Patient is using retainer(s) exactly as requested
- On average, patient is using retainer(s) less than the requested amount of time
- On average, patient is using retainer(s) more than the requested amount of time

5. Are the retainers and retention regimen the same as that prescribed at debanding?

- Yes (Skip to Q6) No (Go to Q5a)

5a. If no, please describe the changes: (Check all that apply)

- Reduced from full time to half time use
- Different appliance, (please specify): _____
- Other, (please specify): _____

