

Smartee 新病例提交

新病例提交流程說明

首先打開瀏覽器

建議用 Google Chrome 或 Microsoft Edge

輸入網址：**https://smarteedoctor.com**

The screenshot shows the login interface for Smartee Cases Management v4.0. It features a dark background with white text. At the top, it says "Welcome Smartee Cases Management v4.0". Below this are three input fields: "USERNAME" with "Email" inside, "PASSWORD" with "Please enter your password" inside, and a "Login" button. There are also radio buttons for "Doctor" and a link for "Forgot Password?". The Smartee logo and copyright information "© 2004-2021 Smartee. All rights reserved." are at the bottom. Green arrows point from Chinese labels to the corresponding UI elements: "帳號" (Account) points to the username field, "密碼" (Password) points to the password field, "登入" (Login) points to the login button, and "忘記密碼" (Forgot Password) points to the forgot password link.

USERNAME
Email

PASSWORD
Please enter your password

Login

Doctor Forgot Password?

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帳號

密碼

登入

忘記密碼



Step 1. Add New Patient (新增病例)

第1步. 新增一新病例

The screenshot displays the Smartee Case Management interface. The top navigation bar includes the Smartee logo and the text 'Case Management', 'Case Base', and 'iFast'. Below this, a secondary navigation bar shows various case statuses: 'Followed (0)', 'Action Required', 'Post-delivery', 'To Submit', 'In Treatment', 'Completed', 'Terminate', and 'Hold'. A table below this bar lists cases with columns for 'Patient Name', 'Product Series', 'Submission Date', 'Clinical Operation', 'Treatment Status', and 'Operation'. The 'Operation' column contains red 'x' icons. A red box highlights the 'Add New Patient' button in the top right corner, and a green box highlights the 'Add New Patient' button in the bottom right corner. A hand cursor is pointing to the red box.

Patient Name	Product Series	Submission Date	Clinical Operation	Treatment Status	Operation
☆					×
☆					×
☆					×
☆					×



Step 2. 填寫資料

第2步. 按步驟依次填寫病例資訊 (* 為必填)

Case Management Case Base iFast

Basic Information > Treatment Type > Photos

Patient Information

* Patient Name: 患者名字

* Gender: Male Female

* Age: 18 年齡

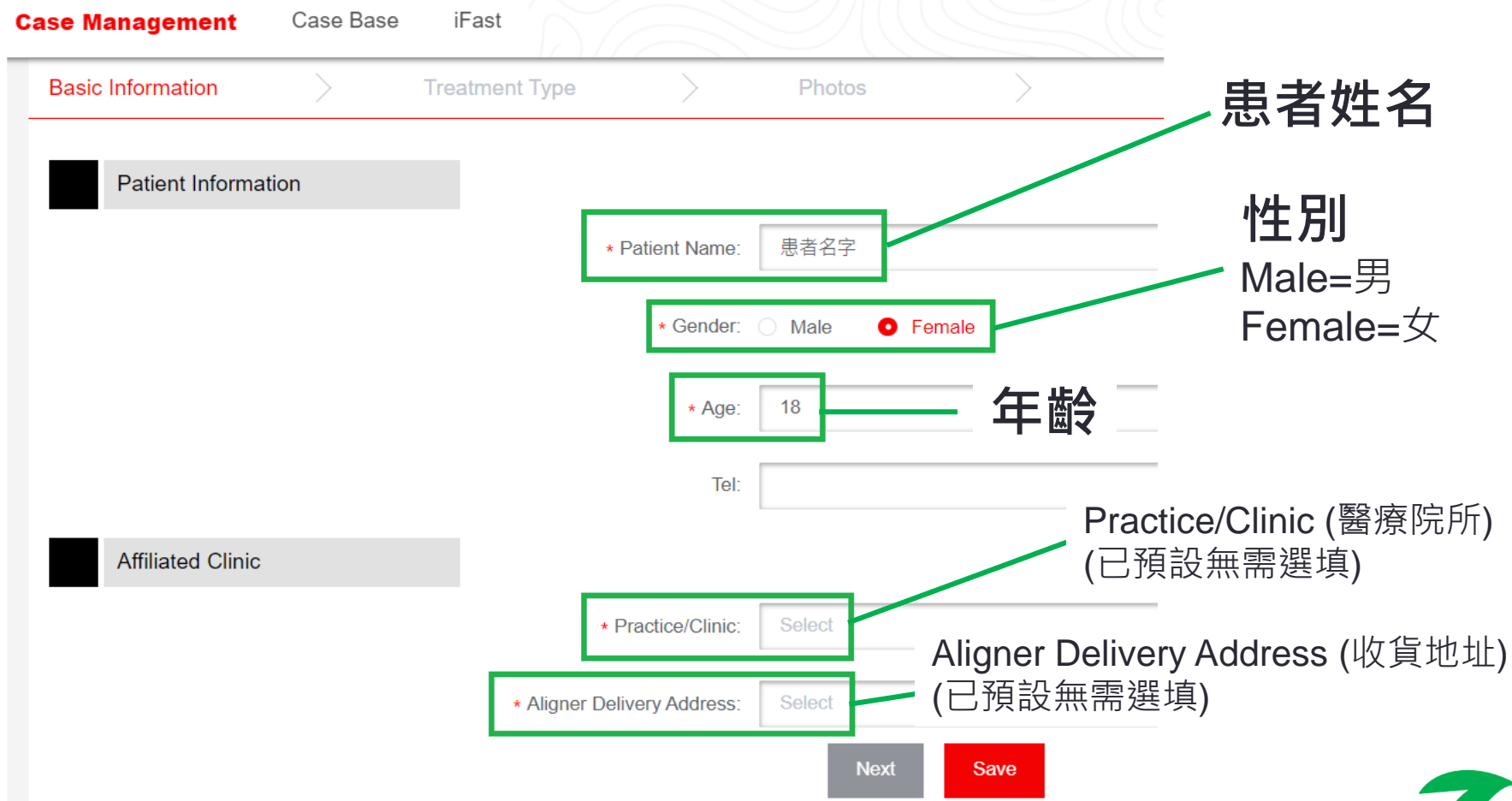
Tel: _____

Affiliated Clinic

* Practice/Clinic: Select Practice/Clinic (醫療院所) (已預設無需選填)

* Aligner Delivery Address: Select Aligner Delivery Address (收貨地址) (已預設無需選填)

Next Save



填寫完成後按 **Save** 暫存，或按 **Next** 儲存及下一步




Step3. Treatment Type (治療類型)


第3步. 產系選擇 (會依產系收費)


Case Management Case Base iFast


Basic Information > **Treatment Type** > Photos > Prescripti

Product Series

Smarteer  INFINITI

Smarteer  EXPRESS

Smarteer  LITE

Smarteer  MINI

Smarteer α

(Previous是上一步) — Previous Next **Save**

選擇完成後按 **Save** 暫存，然後再按 **Next** 儲存及下一步



Step4. Photos (照片)

第4步.上傳患者面像照、口內照、X光片及CBCT

Photos (Required)*



* Frontal

Frontal 正面閉嘴



* Frontal Smiling

**Frontal Smiling
正面露齒微笑**



* Side Profile

Side Profile 側面



* Upper

Upper 反射鏡上顎



Double Click to Delete

**Double Click to
Delete
雙擊刪除照片**



* Lower

Lower 反射鏡下顎



* Intra-oral Right

**Intra-oral Right
右側咬合**



* Intra-oral Frontal

**Intra-Oral Frontal
正面咬合**



* Intra-oral Left

**Intra-oral Left
左側咬合**

- 1: Upload Photos / Radiographs in bulk.
- 2: Drag and drop to corresponding positions to the left.
- 3: **Double-Click to delete**
- 4: Required Format: jpeg/png/bmp/webp/cr2.

Upload

1. 上傳照片
2. 將照片用滑鼠托放至左側相應位置
3. 若要刪掉請雙擊照片
4. 照片要求格式限：
jpeg/png/bmp/webp/cr2.



Step4. Photos (照片)

第4步.上傳患者面像照、口內照、X光片及CBCT

Radiographs (Required)*

Radiographs (X光片)

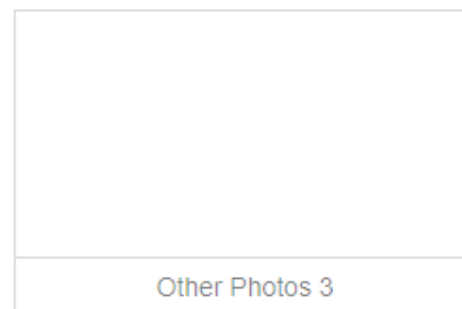
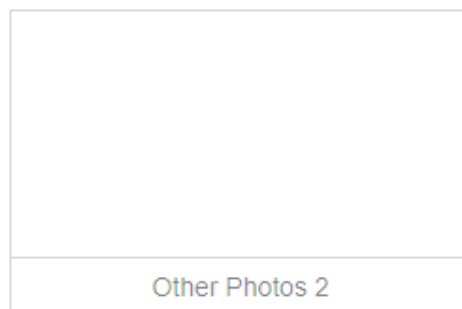
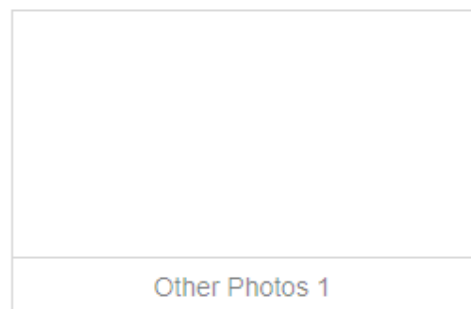


X光片包括

1. Panoramic Radiography (全口X光片)
2. Lateral Cephalogram (頭顱側位片)

Other Photos

Other Photos 其他更多照片或X光片



Step4. Photos (照片)

第4步.上傳患者面像照、口內照、X光片及CBCT



Upload CBCT (上傳CBCT斷層)

File upload as a compressed package (the file type must be .rar/.zip)

Upload

Remove

Remove為移除

* 檔案需為rar或zip壓縮檔



選擇檔案後按**Upload**上傳



Step5. Prescription (病例/處方提交)

第5步01. Angle's Classification (安格氏分類) 必填*

Basic Information

Treatment Type

Photos

Prescription

01

Angle's Classification (Required)*

A Class I

B Class II

C Class III

D Uncertain

A Class I 一類：正常咬合

B Class II 二類：上顎前突（上顎暴牙）或下顎後縮

C Class III 三類：下顎前突（戽斗）或上顎後縮

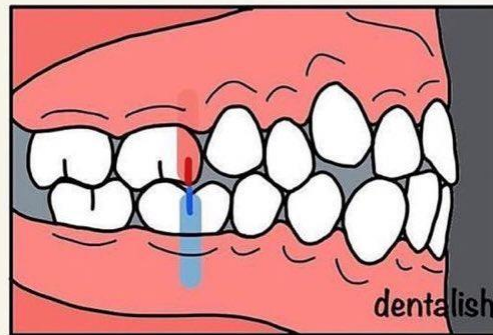
D Uncertain：不確定



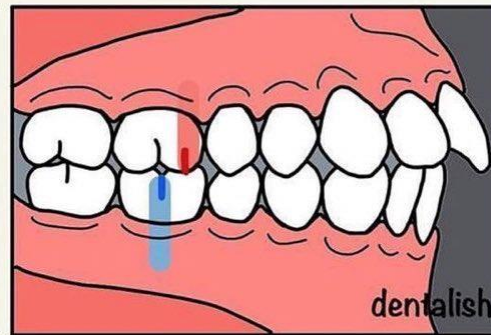
Angle's classification (安格氏分類)

Angle's classification

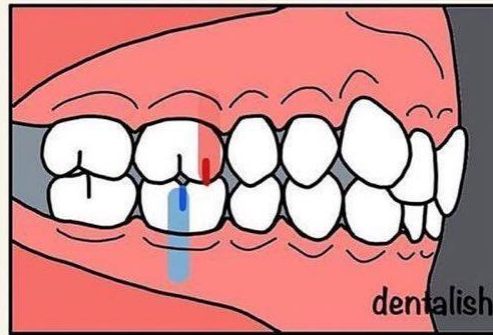
1899



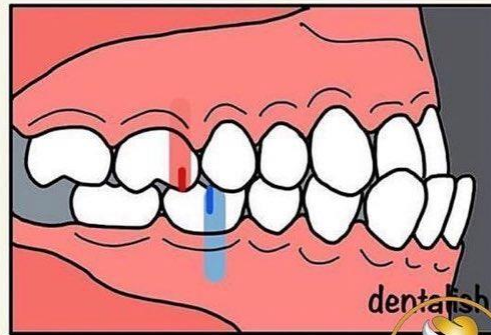
Class I



Class II division I



Class II division 2



Class III



Step5. Prescription (病例/處方提交)

第5步02. Patient Diagnosis (患者診斷) 必填*

02 Patient Diagnosis(Required)*

A Crowding

B Spacing

C Flared Teeth

D Open Bite

E Anterior edge-to-edge occlusion

F Anterior Crossbite

G Posterior Crossbite

H Deep Overjet

I Deep Overbite

J Uneven Smile

K Others

A Crowding 齒列擁擠

B Spacing 齒列間隙

C Flared Teeth 暴牙

D Open Bite 開咬

E Anterior edge to edge occlusion 前牙對切緣咬合

F Anterior Crossbite 前牙反咬

G Posterior Crossbite 後牙反咬或剪咬

H Deep Overjet 深水平覆蓋

I Deep Overbite 深咬

J Uneven line 微笑線不協調

K Others 其他 (請說明於下方欄位)



Step5. Prescription (病例/处方提交)

第5步03. Patient Concerns (患者主訴) 必填*

03

Patient Concerns(Required)*

A

(Remark Column) 

B Crowding

C Spacing

D Flared Teeth

E Cross Bite

F Deep Bite

G Overjet

H Others

A Remark Column 其他請備註

B Crowding 齒列擁擠

C Spacing 齒列間隙

D Flared Teeth 暴牙

E Crossbite 反咬

F Deep Bite 深咬


G Overjet 水平覆蓋

H Others 其他



Step5. Prescription (病例/处方提交)

第5步04. Main Objectives (主要矯正目標) 必填*

04	Main Objectives(Required)*	(Remark Column) 		
A	B	C	D	E
Align teeth	Closing Space	Correct Flared Teeth	Correct the Crossbite	Others

- A** Align teeth 排齊齒列
- B** Closing Space 關閉齒列間隙
- C** Correct Flared Teeth 糾正暴牙
- D** Correct the Crossbite 糾正反咬
- E** Others 其他



Step5. Prescription (病例/處方提交)

第5步05. Arch (顎) **必填 *** * 即使為單顎治療，也需要提全口齒模數據

05

Arch to Treat(Required)*

(Remark Column)  For single arch treatments, STL files of both upper and lower arches are required)

A Both

B Upper

C Lower

A Both 全口

B Upper 上顎

C Lower 下顎



Step 5. Prescription (病例/处方提交)

第5步06. Tooth Information (牙齒訊息)

06 Tooth Information

A Missing Teeth

None

Missing Teeth

B Primary Dentition

None

Primary Dentition

A

Missing Teeth 缺牙

None 無缺牙

Missing Teeth 缺牙 (請點選缺牙處齒位)

1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8	4.7	4.6	4.5	4.4	4.3	4.2	4.1	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8

B

Primary Dentition 乳牙齒列

None 無缺乳牙

Primary Dentition 乳牙齒列 (請點選乳牙處齒位)



Step 5. Prescription (病例/處方提交)

第5步07. Tooth Movement Restriction 牙齒移動限制

07 Tooth Movement Restriction

(Ex. porcelain, pontic, implants, etc.)

如瓷牙、牙橋、植牙等無法移動牙齒

A None

B Selected Teeth Should not be Moved

1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8	4.7	4.6	4.5	4.4	4.3	4.2	4.1	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Black represents missing teeth, Red represents movement restricted teeth
(備註：黑色代表缺牙，紅色代表活動受限牙齒)

A None 無

B Selected teeth should not be moved
選取不可移動齒位 (請點選齒位)



Step5. Prescription (病例/處方提交)

第5步08. Teeth Not Available for Attachments 不可設計附件

08

Teeth Not Available for Attachments

(Ex. porcelain, crowns, zirconia, etc.)

如瓷牙、牙橋、植牙等無法移動牙齒

A None

B No Attachment for Following Teeth

1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8	4.7	4.6	4.5	4.4	4.3	4.2	4.1	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Black represents missing teeth, Red represents movement restricted teeth
(備註：黑色代表缺牙，紅色代表活動受限牙齒)

A None 無

B No attachment for following teeth
不可設計附件齒位元 (請點選齒位)



Step5. Prescription (病例/处方提交)

第5步09. Face Profile 脸型

09

Facial Profile

(Remark Column) 

Do not correct

Improve
(IPR or Extractions may be required)

Do not correct 不糾正

Improve (IPR or Extractions may be required)
改善 (可能需要多IPR或拔牙)



Step5. Prescription (病例/處方提交)

第5步10. Sagittal Relationship (矢狀關係) 必填*

* 即使為單顎治療，也需要提全口齒模數據

10

Sagittal Relationship (Required)*

(lower-upper arch STLs are required to submit for single arch treatment)

A **R&L** **R/L**

A Do not Correct **B** Improve Canine Relationship **C** Improve Molar Relationship **D** Show Resulting After Alignment

R=右 ; L=左

- A** Do not correct 不糾正
- B** Improve Canine Relationship 改善犬齒關係
- C** Improve Molar Relationship 改善臼齒關係
- D** Show Resulting After Alignment 顯示排齊後的結果



Step 5. Prescription (病例/處方提交)

第5步 11. Overjet (水平覆蓋)

11 Overjet

A Show Resulting Overjet After Alignment

B Do not Correct

C Improve

A Show Resulting Overjet After Alignment

顯示排齊後的水平覆蓋結果

B Do not Correct 不糾正

C Improve 改善



Step 5. Prescription (病例/處方提交)

第5步12. Over Bite (垂直覆蓋)

12 Overbite

A Show Resulting Over Bite After Alignment	B Do not Correct	C Correct Open Bite	D Improve Deep Bite
E Anterior Intrusion	F Elevated Premolars	G Anterior Bite Ramps (Optimized for Deep Overbite with moderate Overjet case)	
H Others (please note in special remarks)			
I Central Incisor	J Lateral Incisor	K Canine	
L L Anterior Intrusion	M M Elevated Premolars	H Others (please specify in special notes)	

Improve Deep Bite
U=上顎 ; L=下顎

- A** Show Resulting Overbite After Alignment 顯示排齊後的垂直覆蓋結果
- B** Do not Correct 不糾正
- C** Correct Open Bite 糾正開咬
- D** Improve Deep Bite 改善深咬

續下頁



Step 5. Prescription (病例/處方提交)

第5步12. Over Bite (垂直覆蓋)

12 Overbite

A Show Resulting Over Bite After Alignment	B Do not Correct	C Correct Open Bite	D Improve Deep Bite
E Anterior Intrusion	F Elevated Premolars	G Anterior Bite Ramps (Optimized for Deep Overbite with moderate Overjet case)	
H Others (please note in special remarks)			
I Central Incisor	J Lateral Incisor	K Canine	
L Anterior Intrusion	M Elevated Premolars	H Others (please specify in special notes)	

Improve Deep Bite
U=上顎 ; L=下顎

E Anterior Intrusion 前牙下壓內縮

F Elevated Premolars 小白齒升高

G Anterior Bite Ramps 前牙平導附件 (Optimized for Deep Overbite with moderate Overjet Case) 針對中度水平覆蓋情況下的深咬優化

H Others 其他 (please note in special remarks)
請於備註中說明

續下頁



Step5. Prescription (病例/处方提交)

第5步12. Over Bite (垂直覆盖)

12 Overbite

A Show Resulting Over Bite After Alignment	B Do not Correct	C Correct Open Bite	D Improve Deep Bite
U Improve Deep Bite	E Anterior Intrusion	F Elevated Premolars	G Anterior Bite Ramps (Optimized for Deep Overbite with moderate Overjet case)
H Others (please note in special remarks)			
I Central Incisor	J Lateral Incisor	K Canine	
L Anterior Intrusion	M Elevated Premolars	H Others (please specify in special notes)	

U=上顎 ; L=下顎

- I** Central Incisor 正中門齒
- J** Lateral Incisor 側門齒
- K** Canine 犬齒
- L** Anterior Intrusion 前牙下壓內縮
- M** Elevated Premolars 小白齒升高



Step5. Prescription (病例/处方提交)

第5步13. Anterior Crossbite (前牙反咬)

13

Anterior Crossbite

A Do not Correct

B Improve

C Correct

A Do not Correct 不糾正

B Improve 改善

C Correct 糾正



Step 5. Prescription (病例/处方提交)

第5步14. Anterior Edge to Edge Occlusion (前牙對切緣咬合)

14

Anterior Edge to Edge Occlusion

A Do not Correct

B Correct

A Do not Correct 不糾正

B Correct 糾正



Step 5. Prescription (病例/处方提交)

第5步 15. Posterior Crossbite (後牙反咬)

15

Posterior Crossbite

A Do not Correct

B Correct

A Do not Correct 不糾正

B Correct 糾正



Step5. Prescription (病例/处方提交)

第5步16. Midline (中線) 必填 *

16 Midline(Required)*

A Show Resulting Midline After Alignment

B Maintain (IPR if necessary)

C Improve (IPR if necessary)

A Show Resulting Midline After Alignment 顯示排齊後的中線結果

B Maintain (IPR if necessary) 維持 (可能需要IPR)

C Improve (IPR if necessary) 改善 (可能需要IPR)



Step5. Prescription (病例/處方提交)

第5步17. 17 Spacing (間隙的預留) **必填***

17 Spacing(Required)*

A Show Resulting Spacing After Alignment

U **B** Retract Anterior

C Retract Anterior and Mesialize Posterior

D Mesialize Posterior

L Retract Anterior

Retract Anterior and Mesialize Posterior

Mesialize Posterior

E No Spacing

F Leave Spacing

A Show Resulting Spacing After Alignment 顯示排齊後的間隙結果

B Retract Anterior 前牙內收

C Retract Anterior and Mesialize Posterior 前牙內收，後牙近移

D Mesialize Posterior 後牙近移

續下頁



Step5. Prescription (病例/处方提交)

第5步17. 17 Spacing (間隙的預留) **必填***

17 Spacing(Required)*

A Show Resulting Spacing After Alignment

U **B** Retract Anterior

C Retract Anterior and Mesialize Posterior

D Mesialize Posterior

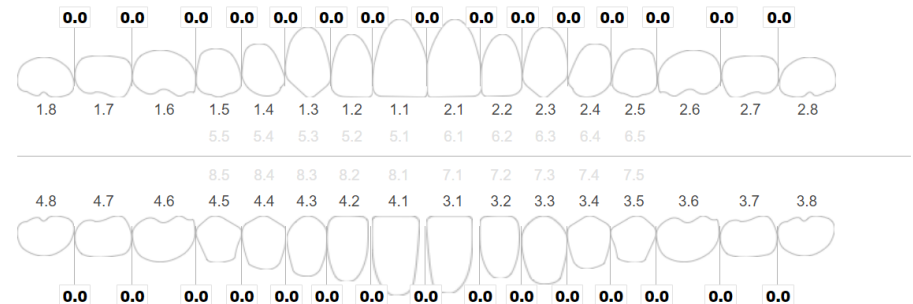
L Retract Anterior

Retract Anterior and Mesialize Posterior

Mesialize Posterior

E No Spacing

F Leave Spacing



E No Spacing 不預留間隙

F Leave Spacing 預留間隙 (請說明齒位) **G** Note: Grey represents missing teeth

G Note 註: Grey represents missing teeth 灰色代表缺牙



Step5. Prescription (病例/處方提交)

第5步18. Crowding (擁擠的解除) **必填*** 請得記要備註是否拔牙

18 Crowding (Required)*

(May compromise overall design time and total numbers of stages)

A Show Resulting Crowding After Alignment (Accept Perform IPR)

B Show Resulting Crowding After Alignment (Accept Perform Extraction)

C Resolve Crowding

D Extraction

E Non-Extraction

Extraction (Please select teeth to be extracted)

F

A Show Resulting Crowding After Alignment (Accept Perform IPR)
顯示排齊後的擁擠結果 (接受執行IPR)

B Show Resulting Crowding After Alignment (Accept perform Extraction)
顯示排齊後的擁擠結果 (接受執行拔牙)

續下頁



Step5. Prescription (病例/处方提交)

第5步18. Crowding (擁擠的解除) **必填*** 請得記要備註是否拔牙

C Resolve Crowding U=上顎 ; L=下顎

U	a Arch Expansion:	b Primarily	c Optional	d None
	e Proclination:	Primarily	Optional	None
	f IPR:	Primarily	Optional	None
	g Molar Distalization:	h Upper right	i Upper left	
L	Arch Expansion:	Primarily	Optional	None
	Proclination:	Primarily	Optional	None
	IPR:	Primarily	Optional	None
	Molar Distalization:	j Lower right	k Lower left	

a Arch Expansion 擴弓
b Primarily 主要是
c Optional 可選
d None 不可
e Proclination 唇展
f IPR 鄰面去釉
g Molar Distalization 臼齒遠移
h Upper right 右上
i Upper left 左上
j Lower right 右下
k Lower left 左下

續下頁



Step5. Prescription (病例/处方提交)

第5步18. Crowding (擁擠的解除) **必填*** 請得記要備註是否拔牙

18 Crowding (Required)*

(May compromise overall design time and total numbers of stages)

A Show Resulting Crowding After Alignment (Accept Perform IPR)

B Show Resulting Crowding After Alignment (Accept Perform Extraction)

C Resolve Crowding

D Extraction

E Non-Extraction

Extraction (Please select teeth to be extracted)

F

D Extraction 拔牙

E Non-Extraction 不拔牙

F Extraction (Please select teeth to be extracted)
拔牙牙位 (請選擇要拔牙齒位)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	4.8	4.7	4.6	4.5	4.4	4.3	4.2	4.1	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8



Step 5. Prescription (病例/處方提交)

第5步 19. Teledentistry (遠程矯正)

19 Teledentistry

(If you click no, all clinical operations such as IPR, attachments etc.. will be performed at any stage when necessary)

Yes

No

A Every 3 Months **B** Every 6 Months **C** Not sure, Please write down notes below

若無需求請選No；若選擇Yes，請選擇：

A Every 3 months 每三個月

B Every 6 months 每六個月

C Not sure, Please write down notes below 不確定，請在下面欄位說明



Step5. Prescription (病例/處方提交)

第5步20. Special Notes (特殊說明)

20 Special Notes

請在欄位中說明

(Previous是上一步)

Previous

Next

Save

資料都填寫完成後按 **Save暫存**，然後再按 **Next儲存及下一步**



Step6. Upload STL files (上傳牙齒模型數據)

第6步. STL files Upload (上傳牙齒模型數據)

The screenshot shows a web interface for Case Management. At the top, there are navigation tabs: Case Management, Case Base, and iFast. A search bar on the right contains the text 'Input Patient Name, ID, Case No., Product Series'. Below the navigation, there are several tabs: Basic Information, Treatment Type, Photos, Prescription, and Upload STL files. The 'Upload STL files' tab is active. In the main content area, there is a section titled 'STL Files Upload'. It features a file upload input field with the text 'File Upload' and two buttons: 'Upload' and 'Remove'. A hand cursor is pointing at the 'Upload' button. To the right of the upload section, there is a 'Notes' box with the following text:

Notes

1. Saved in STL format
2. Both arches and bite registration scanning data should be included
3. Upload compressed files package (in RAR/ZIP format)

首先點擊Upload (上傳檔案)
選擇口掃壓縮檔並點擊「Open (開啟)」
*** 請留意口掃檔需包含上下顎**

Notes :

1. 檔案格式需為STL格式
2. 必須包含上、下顎及咬合掃描記錄
3. 以壓縮形式上傳 (檔案類型必須是RAR/ZIP壓縮格式)



Step7. Review & Submit (預覽及提交)

第7步. 資料填寫完成後即可提交病例

Case Management Case Base iFast

Basic Information > Treatment Type > Photos > Prescription > **Upload STL files** >

STL Files Upload

* Upload:

Notes

1. Saved in STL format
2. Both arches and bite registration scanning data should be included
3. Upload compressed files package (in RAR/ZIP format)

Previous

Submit



在所有病例資料都填妥後
即可點擊「**Submit (提交)**」



Step7. Review & Submit (預覽及提交)

* 請留意，若資料不齊全

在Review & Submit (預覽及提交) 中會顯示未填寫完全的部分

Case Management Case Base iFast [Search] [User] [Help] [Download]

Basic Information > Treatment Type > Photos > Prescription > Upload STL files > **Review & Submit**

× You still have the following items to fill in, please complete and submit

Photos: Side Profile	Frontal	Frontal Smiling	Upper
Lower	Intra-oral Right	Intra-oral Frontal	Intra-oral Left
Panoramic Radiography	Lateral Cephalogram		
Prescription: Angle's Classification	Patient Diagnosis	Patient Concerns	Main Objectives
Arch to Treat	Sagittal Relationship	Midline	Crowding
Teledentistry			
STL Files: Upload File			

[Previous](#) [Submit](#)

You still have the following items to fill in, please complete and submit
(你仍有需要填入的項目，請完成並提交)



