

R-N/A	RA	Call B/C:	Note	Open	S. Dept ✓	Pan ID
Pour	AP	On In Tray	Loose			
Dupe	CC	Decal Photo Pontic-c	CS xRay shade	R. Dept ✓	Ship	Ship Date

Straight Wire Lingual Indirect Bonding System

Dr. _____ Acct # _____
 Address _____
 City, State, Zip _____
 Patient _____
 Tel # _____ Fax # _____
 E-Mail _____
 Shipped _____ Placement Date _____
 (PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)

Special Instructions

1. Select Arch Upper Lower Both Opposing arch not being treated

2. Anterior Overjet Ideal Maintain Set to _____ mm

3. Anterior Overbite Ideal Maintain Set to _____ mm

4. Anterior Root Torque **Upper** Maintain Increase Decrease **Lower** Maintain Increase Decrease

5. How much change in width for Lower Cuspids/1st Molars:
Cuspids Maintain Expand _____ mm Constrict _____ mm
1st Molars Maintain Expand _____ mm Constrict _____ mm

6. 1st Molar Relationship
Class I Left Right Both
Class II Left Right Both
Maintain Left Right Both

7. Interproximal Reduction Yes No Maximum amount _____ mm

8. Extractions

<input type="checkbox"/>							<input type="checkbox"/>							
7 6 5 4 3 2 1							1 2 3 4 5 6 7							
R														L
<input type="checkbox"/>							<input type="checkbox"/>							
7 6 5 4 3 2 1							1 2 3 4 5 6 7							

Please mark teeth to be extracted or missing.
 Close space completely Close space as feasible
 Leave space for implant _____ mm

9. Crossbite Maintain Correct

10. Resolve Crowding/Spacing **Upper** Close all space Leave space
Lower Close all space Leave space
 If Leave Space Choose from the following:
 Distal to 2's _____ mm Equally around 2's
 Open space for implant _____ mm

11. Overcorrection Yes No
 If "Yes" place notes in "Special Instructions" section

12. Bracket Type Alias (7-7) STb (5-5) Dr. Supplied Brackets

13. Molar Tube Options (STb Option Only) Terminal Tube Hinge Cap Other

14. Arch Wire Selection - Place Quantity needed in Box

Upper			
CuNiTi	<input type="checkbox"/> 0.013	TMA <input type="checkbox"/> .0175x.0175	SS <input type="checkbox"/> .016x.016
	<input type="checkbox"/> 0.014		<input type="checkbox"/> .017x.017
	<input type="checkbox"/> 0.016		<input type="checkbox"/> .018x.018
	<input type="checkbox"/> .016x.016		
	<input type="checkbox"/> .018x.018		
Lower			
CuNiTi	<input type="checkbox"/> 0.013	TMA <input type="checkbox"/> .0175x.0175	SS <input type="checkbox"/> .016x.016
	<input type="checkbox"/> 0.014		<input type="checkbox"/> .017x.017
	<input type="checkbox"/> 0.016		<input type="checkbox"/> .018x.018
	<input type="checkbox"/> .016x.016		
	<input type="checkbox"/> .018x.018		

****Select all wires needed ****

15. Tray Sections Midline Distal to Cuspids Do not Section
 Other _____

16. Tools/Accessories Return Chairside Adhesive Opening/Closing Tool
 Consultation Model

Doctor Signature _____

