

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 0.013 0.014 0.016 .016x.016 .018x.018
 TMA .0175x.0175
 SS .016x.016 .017x.017 .018x.018

Lower

CuNiTi 0.013 0.014 0.016 .016x.016 .018x.018
 TMA .0175x.0175
 SS .016x.016 .017x.017 .018x.018

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

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

16. Tools/Accessories Return Chairside Adhesive Consultation Model

Doctor Signature _____

