

Lingual indirect bonding R_x

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DATE NEEDED:	Date shipped:
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Doctor: _____
Address: _____

City: _____ **State:** _____
Postcode: _____ **Country:** _____
Phone: _____ **Fax:** _____
Email: _____

Patient: _____

CASE INFORMATION:

System	Technique
<input type="checkbox"/> TOP Transfer Optimised Positioning	Weichman
<input type="checkbox"/> BEST Bonding with Equalised Specific Thickness	Fillion
<input type="checkbox"/> CLASS Customised Lingual Appliance Set up Service	
<input type="checkbox"/> HIRO Individual Jigs System	Takemoto
<input type="checkbox"/> COMBINATION OF ABOVE SYSTEMS	

Instructions: _____

 More instructions overleaf

BRACKET PLACEMENT FOR BEST SYSTEM:

		STANDARD VALUES				CHANGES			
		NON EXO	EXO	NON EXO	EXO	HT	TQ	ANG	HT
		TQ	TQ	ANG	ANG				
1	1	14°	24°	3°	3°	x			
2	2	5°	5°	8°	8°	x			
3	3	-2°	0°	10°	14°	x+.5mm			
54	45	-7°	-7°	0°	-5°	x			
76	67	-9°	-4°	0°	-6°	x			
21	12	0°		2°		x			
3	3	-7°		6°		x+.5mm			
4	4	-12°		0°		x			
5	5	-16°		0°		x			
6	6	-25°		0°		x			
7	7	-27°		0°		x			

Please phone me regarding this case
 Special instructions on file
 Labial case included

Please send additional

Lingual bonding Rx sheets
 Labial bonding Rx sheets
 Mailing labels

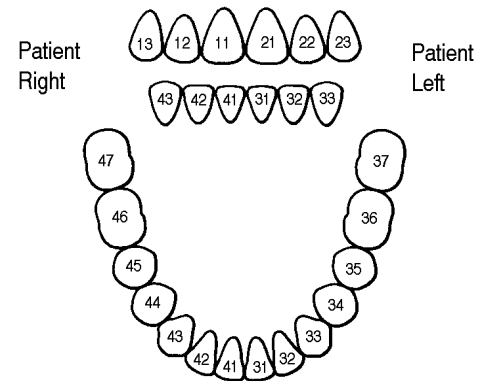
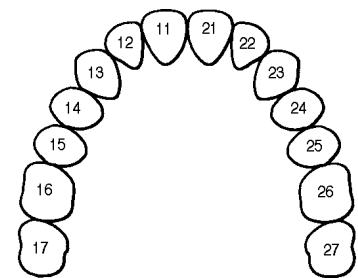
Brackets

Upper .018 Ormco
 Upper .022 Ormco
 Upper specify: _____
 Lower .018 Ormco
 Lower specify: _____
 Brackets supplied herewith

Please supply also

Custom lingual wires – See reverse.
 Ideal arch drawing.
 Protective splint for lower lingual.
 Pontic teeth as follows:

Slot: .018 x .025 .022 x .028



Molar option codes

HC Hinge cap **TB** Twin bracket
T Terminal tube **TP** TPB Attachment

Please indicate on the diagram above:

- Molar bracket or tube desired on appropriate molars
- "X" on teeth to be extracted or not to be bonded
- Over rotation required (with arrows)
- Directional amount of space closure (with arrows)
- Teeth to be banded (by circling them)

