


LAB USE ONLY

### 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**

<b>Upper</b>	<input type="checkbox"/> Maintain	<b>Lower</b>	<input type="checkbox"/> Maintain
	<input type="checkbox"/> Increase		<input type="checkbox"/> Increase
	<input type="checkbox"/> Decrease		<input type="checkbox"/> Decrease

**5. How much change in width for Lower Cuspids/1st Molars:**

<b>Cuspids</b>	<input type="checkbox"/> Maintain	<b>1st Molars</b>	<input type="checkbox"/> Maintain
	<input type="checkbox"/> Expand _____ mm		<input type="checkbox"/> Expand _____ mm
	<input type="checkbox"/> Constrict _____ mm		<input type="checkbox"/> Constrict _____ mm

**6. 1st Molar Relationship**

<b>Class I</b>	<input type="checkbox"/> Left	<b>Class II</b>	<input type="checkbox"/> Left	<b>Maintain</b>	<input type="checkbox"/> Left
	<input type="checkbox"/> Right		<input type="checkbox"/> Right		<input type="checkbox"/> Right
	<input type="checkbox"/> Both		<input type="checkbox"/> Both		<input type="checkbox"/> Both

Allesee Orthodontic Appliances - 13931 Spring Street - Sturtevant, WI 53177  
 Phone 1-800-262-5221 - Fax 262-886-6879 - International 262-886-1050

**7. Interproximal Reduction**    Yes   Maximum amount \_\_\_\_\_ mm    No

**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**

<b>Upper</b>	<b>Lower</b>
<input type="checkbox"/> Close all space	<input type="checkbox"/> Close all space
<input type="checkbox"/> Leave space	<input type="checkbox"/> 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**

<b>Upper</b>			
<b>CuNiTi</b>	<input type="checkbox"/> 0.013	<b>TMA</b> <input type="checkbox"/> .0175x.0175	<b>SS</b> <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		
<b>Lower</b>			
<b>CuNiTi</b>	<input type="checkbox"/> 0.013	<b>TMA</b> <input type="checkbox"/> .0175x.0175	<b>SS</b> <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

Consultation Model

Doctor Signature \_\_\_\_\_

