

Prescription Sheet Lingual Bonding

Office stamp

Patient

Last name: _____

First name: _____

Delivery date: ____ / ____ / ____

Arch to be bonded

Slot .018

Max Mand

1 - Setup

SPACE CLOSING

Close all the spaces

Close as much as

Leave space between.....

ARCH FORM

Max Mand

Maintain.....

Widen

Reduce.....

OCCLUSAL PLAN

Flat

Maintain

Curve of SPEE

OVERJET HORIZONTAL

Maintain

Ideal

Reduce

Enlarge

OVERBITE VERTICAL

Maintain

Ideal

Reduce

Enlarge

2 - Supplies

CHOICE OF BRACKETS

Self Ligating

GAC In-Ovation L

Supplier of brackets

Laboratory.....

Distributor

Doctor's office

Tray

Silicone light+heavy.....

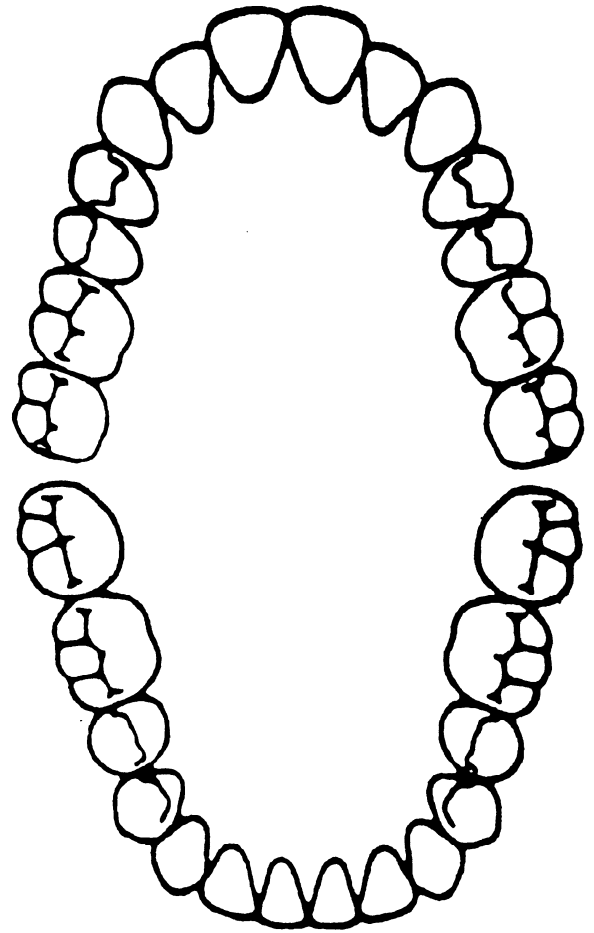
Silicone transparent

By quadrant

Customised Arch wires

	Beginning TT	End TT
Niti		
.014	<input type="checkbox"/>	<input type="checkbox"/>
.016	<input type="checkbox"/>	<input type="checkbox"/>
.0175 x .0175	<input type="checkbox"/>	<input type="checkbox"/>
.016 x .022	<input type="checkbox"/>	<input type="checkbox"/>
Beta Titanium		
.014	<input type="checkbox"/>	<input type="checkbox"/>
.016	<input type="checkbox"/>	<input type="checkbox"/>
.0175 x .0175	<input type="checkbox"/>	<input type="checkbox"/>
.016 x .022	<input type="checkbox"/>	<input type="checkbox"/>

3 - Sketch



- 1- Mark with a cross the tooth to extract or not to be bonded.
- 2- Indicate by arrows if hyper-corrections of rotations are desired.
- 3- Specify on the tooth: H+ for egression H - for ingression.
- 4- Please indicate: B (Bracket) T (Tube) C (Hook)

I want to see the setup before bonding braces

Remarks