Orapix

Orapix Turkey
ADVANCING LINGUAL ORTHODONTICS

Patient's Surname : _____ Patient's Name : _____

Practitioner's Surname: _____ Practitioner's Name: _____

Address: _____

Tel: _____ Fax: _____ Email: _____

Date of Bonding: _____

SET-UP

Canine Relationship: G. _____ Dr. _____

Molar Relationship: G. _____ Dr. _____

Expansion: Max. ☐ Mdb. ☐

Constriction: Max. ☐ Mdb. ☐

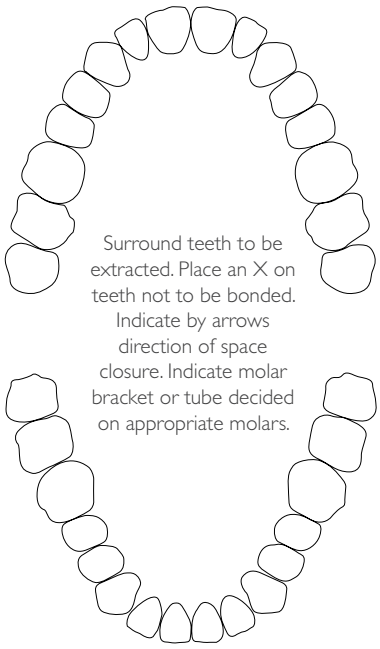
Stripping Max. pm. _____ mm ant. _____ mm

Stripping Mdb. pm. _____ mm ant. _____ mm

Extractions: Max. _____ Mdb. _____

Space to close: _____

Space to open: _____



Surround teeth to be extracted. Place an X on teeth not to be bonded. Indicate by arrows direction of space closure. Indicate molar bracket or tube decided on appropriate molars.

RIGHT LEFT

DO YOU WANT TO CHECK THE SET-UP BEFORE THE BONDING? YES ☐ NO ☐

MAXILLARY ARCH

BRACKET

- Kurz 7th gen. ☐
- STb without hook ☐
- STb with hook 13-23 ☐
- Bracket / Tube for 16-26 ☐
- In-Ovation L ☐
- Others ☐

OVER CORRECTION

- Extra-torque for 11-21 ☐
- Extra-torque from 13 to 23 ☐
- Extra-torque for molars ☐
- Extra angulation ☐ *(for closing space)*

ARCHWIRE FORM

- Mushroom form ☐
- Straight wire form ☐

TRANSFER TRAY

- Transp. Silicone ☐
- Unitary Tray ☐
- Others ☐

MANDIBULAR ARCH

BRACKET

- Kurz 7th gen. ☐
- STb without hook ☐
- STb with hook 33-43 ☐
- In-Ovation L ☐
- Others ☐

OVER CORRECTION

- Extra-torque for incisors ☐
- Extra-torque for molars ☐
- Extra angulation ☐ *(for closing space)*

ARCHWIRE FORM

- Mushroom form ☐
- Straight wire form ☐

TRANSFER TRAY

- Transp. Silicone ☐
- Unitary Tray ☐
- Others ☐

REMARKS:

ARCHWIRE SELECTION

		upper	lower
NITI preformed	012		
	014		
	016		
	016 X 016		
Cu NiTi preformed	013		
	016 X 016		
	018 X 018		
TMA	016		
	0175 X 0175		
	017 X 025		
S.S	017 X 025 / 017 Combination		
	018 X 025 / 018 Combination		

PAYMENT BY:

☐ Check ☐ C.B : Card No _____

☐ AMEX: Security Code. ____ Exp. ___ / ___

☐ Bank Transfer İNG BANK şişli
IBAN TR22 0009 9004 1701 7600 1000 01

TO BE FILLED BY EURAPIX :

Date de Reception ___ / ____

N° _____

ATE:

SIGNATURE: