



치과명: _____ Doctor: _____

환자명: _____ 도착일: _____

핸드폰: _____ E-Mail: _____

Setup check: _____ Bracketing check: _____

Case

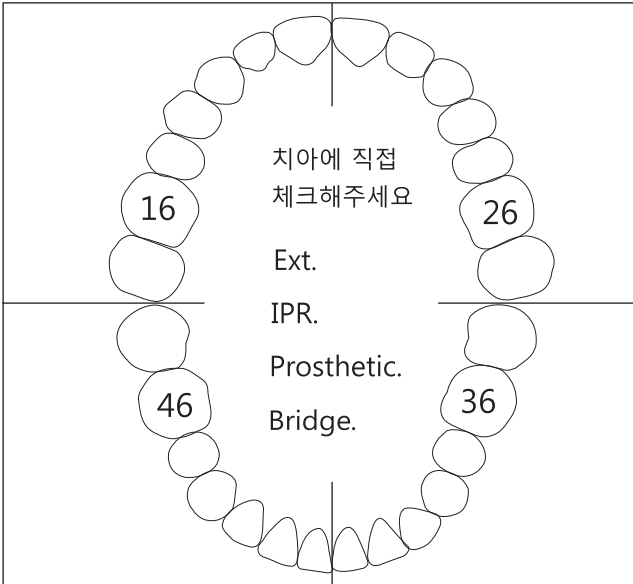
	Upper	Lower
Labial IDB	<input type="checkbox"/>	<input type="checkbox"/>
Lingual IDB	<input type="checkbox"/>	<input type="checkbox"/>

Set-up Type

- Only Upper Only Lower U & L
 3 X 3 Set-up 4 X 4 Set-up
 Over Correction Full Arch Set-up
 Ideal Full Arch Set-up

Transfer Core

- C R C Commobase (hiro) Silicon



Angulation

Angulation														
U	⑦	⑥	⑤	④	③	②	①	①	②	③	④	⑤	⑥	⑦
L	⑦	⑥	⑤	④	③	②	①	①	②	③	④	⑤	⑥	⑦
Angulation														

Bracket

Anterior	Premolar	#6	#7

- ①Ormco 7th ②STB ③Clippy-L ④Fujita ⑤CLB ⑥Tiggle ⑦2D ⑧MTA

Wire Bending

Ni-Ti	014	<input type="checkbox"/>	Order	SS	016 X 022	<input type="checkbox"/>	Order
	016	<input type="checkbox"/>			017 X 025	<input type="checkbox"/>	
TMA	0175 X 0175	<input type="checkbox"/>	Order	Lever Arm		<input type="checkbox"/>	Order
	017 X 025	<input type="checkbox"/>					
	016 X 022	<input type="checkbox"/>					