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Order

From [Stamp of dental practice]

For patient

Planned bonding appointment*:

Date _____ Time _____

[*approx. 3 weeks after impressions]

Treatment plan

Treatment	lingual	vestibular	only set-up	no
Upper jaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower jaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pretreatment?	<input type="checkbox"/> upper		<input type="checkbox"/> lower	
Brackets	_____ _____			
Treatment plan:	<input type="checkbox"/> copy attached			
New dental implant planned?	<input type="checkbox"/> yes		<input type="checkbox"/> no	
Ideal set-up?	<input type="checkbox"/> yes		<input type="checkbox"/> no	
Extraction	_____ _____			
ATR (stripping) (Achilles Tendon Rupture)	_____ _____			
Teeth which will retain in the same position	_____ _____			

Bolton-discrepancy? yes no

Leave a gap in case tooth width

in upper jaw increases yes no

ATR (stripping)
(Achilles Tendon Rupture)

Artistry

Gap/Dental broadening

Other

Gap/Dental broadening _____ | _____

Protruding _____ | _____

Transversal Expansion

Upper jaw Anterior to _____ mm

Posterior to _____ mm

Lower jaw (Straightening) Anterior to _____ mm

Posterior to _____ mm

Correction of the midline

Upper jaw to the right _____ mm

to the left _____ mm

Lower jaw to the right _____ mm

to the left _____ mm

Anterior Teeth Torque

Overcorrection desired? yes no

Anchoring

TransPalatal Arch (TPA)

Nance

Implant

Other

ATTENTION!
Please select your
tray option



Dental Service and Contact Details

Please send me dental set-up for review yes no

Please call me yes no

Send me digital photos of dental set-up via email yes no E-Mail: _____

Dental Bracket Selection

		Incisals		Premolars		Molars	
		upper	lower	upper	lower	upper	lower
Adenta	Evolution SLT						
	Joy						

Bracket Transmittance

Please select:

Pure-caps Wing-caps with red extension

Pure-caps in a single-tray Wing-caps with red extension in a double-tray

Pure-caps in a double-tray

Archwires

		Upper jaw	Lower jaw
Heat activated	.012	<input type="checkbox"/>	<input type="checkbox"/>
Nickel	.014	<input type="checkbox"/>	<input type="checkbox"/>
Titanium	.016	<input type="checkbox"/>	<input type="checkbox"/>
(Ultratherm)	16 x 16	<input type="checkbox"/>	<input type="checkbox"/>
	16 x 22	<input type="checkbox"/>	<input type="checkbox"/>
	17 x 25	<input type="checkbox"/>	<input type="checkbox"/>
Niti	.014	<input type="checkbox"/>	<input type="checkbox"/>

		Upper jaw	Lower jaw
β-Titan (CNA)	16 x 16	<input type="checkbox"/>	<input type="checkbox"/>
Trident	16 x 22	<input type="checkbox"/>	<input type="checkbox"/>
	17 x 25	<input type="checkbox"/>	<input type="checkbox"/>
Stainless	.016	<input type="checkbox"/>	<input type="checkbox"/>
Steel	16 x 16	<input type="checkbox"/>	<input type="checkbox"/>
Duradent	16 x 22	<input type="checkbox"/>	<input type="checkbox"/>
	18 x 18	<input type="checkbox"/>	<input type="checkbox"/>