

**Patient**  
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Pat.-Number: \_\_\_\_\_

**Orthodontist**  
 Name: \_\_\_\_\_  
 VAT-ID (if applicable): \_\_\_\_\_

**3D setup preview**  
 Send to this e-mail: \_\_\_\_\_  
 I am using OnyxCeph<sup>3</sup> and wish to receive the preview as OnyxContainer.  
 I wish to receive the preview with a standard viewer.

**Desired delivery date** (please allow 4 weeks processing) \_\_\_\_\_

Practice-Stamp \_\_\_\_\_

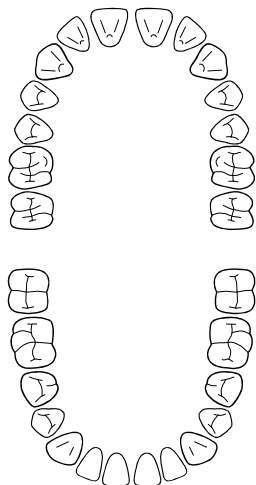
Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**Checklist**

- Precision impression of arches to be bonded
- Model of antagonist jaw, if not bonded
- Bite registration
- Target setup model, if created by yourself
- X-Rays and photographs, if Orthorobot creates the target setup

**Filled in by Orthorobot**    Customer-No. \_\_\_\_\_    Order-No. \_\_\_\_\_    Date of receipt \_\_\_\_\_

**Setup specifications**



Teeth to be moved:  
 all     3 - 3 only     as marked:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Stripping:  
 yes, if needed     no     as marked:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

		Canines		Molars		anterior		posterior		
		ri	le	ri	le	UP	LO	UP	LO	
Maintain Class		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intrude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class I		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extrude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
—pw CI II		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
—pw CI III		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Remarks: \_\_\_\_\_

- Please indicate in scheme:**
- X** No bracket or missing tooth
  - T** Terminal tube
  - Ex** Tooth to be extracted
  - ↑ Close space from distal(UP)/mesial(LO)
  - ↕ Close space from mesial and distal
  - ↓ Close space from mesial(UP)/distal(LO)

**Bracket positioning**

	UP	LO
lingual bonding	<input type="checkbox"/>	<input type="checkbox"/>
labial bonding	<input type="checkbox"/>	<input type="checkbox"/>
create setup only	<input type="checkbox"/>	<input type="checkbox"/>

**Bracketsystem individualized by Orthorobot**

	UP	LO	
lingual GAC In-Ovation-L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .018
Ormco STb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .018
Ormco 7th Generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .018 <input type="checkbox"/> .022
Adenta Evolution LT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> .018 <input type="checkbox"/> .022
provided brackets	<input type="checkbox"/>	<input type="checkbox"/>	(please always send brackets for labial bonding)

**Method of transfer**

UP	LO
<input type="checkbox"/>	<input type="checkbox"/>
transparent doubletray (standard)	
Single jig on single tooth as marked:	

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

**Preformed archwires (blanks)**

		UP	LO
Ni-Ti	.010	<input type="checkbox"/>	<input type="checkbox"/>
	.012	<input type="checkbox"/>	<input type="checkbox"/>
	.014	<input type="checkbox"/>	<input type="checkbox"/>
	.016	<input type="checkbox"/>	<input type="checkbox"/>
Heat active Ni-Ti	.016	<input type="checkbox"/>	<input type="checkbox"/>
	.016x.022	<input type="checkbox"/>	<input type="checkbox"/>
Beta-Titanium	.016	<input type="checkbox"/>	<input type="checkbox"/>

**Individual archwires bent by Orthorobot**

		UP	LO
Ni-Ti	.018	<input type="checkbox"/>	<input type="checkbox"/>
Heat active Ni-Ti	<i>temporarily out of stock at manufacturer</i>		
Beta-Titanium	.016	<input type="checkbox"/>	<input type="checkbox"/>
	.018	<input type="checkbox"/>	<input type="checkbox"/>
	.016x.016	<input type="checkbox"/>	<input type="checkbox"/>
	.016x.022	<input type="checkbox"/>	<input type="checkbox"/>
	.0175x.0175	<input type="checkbox"/>	<input type="checkbox"/>
	.017x.025	<input type="checkbox"/>	<input type="checkbox"/>
Copper Ni-Ti	.016	<input type="checkbox"/>	<input type="checkbox"/>
	.016x.022	<input type="checkbox"/>	<input type="checkbox"/>
	.017x.025	<input type="checkbox"/>	<input type="checkbox"/>
	.016	<input type="checkbox"/>	<input type="checkbox"/>
	.018	<input type="checkbox"/>	<input type="checkbox"/>
Steel	.016x.016	<input type="checkbox"/>	<input type="checkbox"/>
	.016x.022	<input type="checkbox"/>	<input type="checkbox"/>
	.017x.025	<input type="checkbox"/>	<input type="checkbox"/>
	.018x.022	<input type="checkbox"/>	<input type="checkbox"/>
	.018x.025	<input type="checkbox"/>	<input type="checkbox"/>

**Shipping:** Send us your order free of charge! Contact us at +43 (0) 1 911 36 38 or shipping@orthorobot.com.