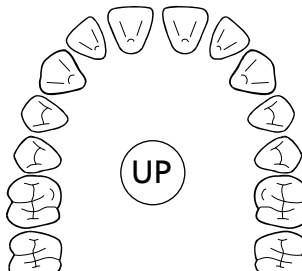


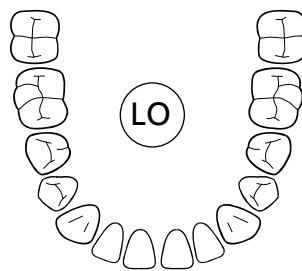


# Laboratory Order Form Setup

<b>Orthodontist</b> .....	<b>Patient</b> .....
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<b>Enclosed</b> Photograph face frontal <input type="checkbox"/> Photograph face lateral <input type="checkbox"/> Panoramic radiograph <input type="checkbox"/> Cephalometric radiogr. <input type="checkbox"/> Notes ..... ..... .....	<b>Filled in by Orthorobot</b> Costumer No ..... Order No ..... Date of receipt ..... Delivery date ..... Notes ..... ..... .....
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	<p>X Missing tooth          Ex To be extracted          ↑ Space closure from distal          ↓ Space closure from mesial and distal          ↓ Space closure from mesial          ↺ overcorrection to mesial / distal</p>
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	<p>X Missing tooth          Ex To be extracted          ↑ Space closure from distal          ↓ Space closure from mesial and distal          ↓ Space closure from mesial          ↺ overcorrection to mesial / distal</p>
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Intrusion UP – front teeth .....	<input type="checkbox"/> yes <input type="checkbox"/> no
Intrusion LO - front teeth .....	<input type="checkbox"/> yes <input type="checkbox"/> no
Extrusion UP – side teeth .....	<input type="checkbox"/> yes <input type="checkbox"/> no
Extrusion LO - side teeth .....	<input type="checkbox"/> yes <input type="checkbox"/> no
Expansion UP - side teeth .....	<input type="checkbox"/> yes <input type="checkbox"/> no
Expansion LO - side teeth .....	<input type="checkbox"/> yes <input type="checkbox"/> no



**Tooth size discrepancy**

- Enamel removal of approximal surfaces (stripping) desired
- Create extra space between .....

**Treatment target sagittal**

Canines:	right	left
Maintain class .....	<input type="checkbox"/>	<input type="checkbox"/>
Class I .....	<input type="checkbox"/>	<input type="checkbox"/>
1 Pb Class II .....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Molars:	right	left
Maintain class .....	<input type="checkbox"/>	<input type="checkbox"/>
Class I .....	<input type="checkbox"/>	<input type="checkbox"/>
1 Pb Class II .....	<input type="checkbox"/>	<input type="checkbox"/>
1 Pb Class III .....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

**The following teeth should be moved**

- all teeth
- 3 – 3 only
- as indicated:

R	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	L
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Additional Notes**

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