

Dental office: _____ Patient name: _____

PROJECT OF ORTHODONTIC DEVICE ON BENEFIT SCREWS
(foil to attach on medical prescription)

INDICATE IF EXTRACTIVE CASE: yes[] no[]
If yes, which teeth: _____

DENTAL OFFICE ENCLOSE : MODEL [] CBCT [] RX CEPH LATERAL []
SENT VIA WE TRANSFER OR SIMILAR: SCANNED MODEL SENT VIRTUALLY [] CBCT [] RX CEPH LATERAL []

- [] PUT: 1 SCREW BENEFIT IN POSITION: _____
- [] PUT: 2 SCREWS BENEFIT IN POSITION: _____
- [] PUT: 3 SCREWS BENEFIT IN POSITION: _____
- [] PUT: 4 SCREWS BENEFIT IN POSITION: _____

INDICATIONS FOR PLANNING: _____

PARTICULAR INDICATIONS OR NEEDS: _____

(Draft of the required appliance)

