

必要事項を黒または青のペンで全て英語でご記入ください

Patient (Family Name) 患者名(姓) _____

Patient (First Name) 患者名(名) _____

Date of birth¹ 生年月日 _____

Patient Code 患者番号 _____

Gender¹ 性別 female 女性 male 男性

Orthodontic Practice 医院名 _____

Orthodontist 矯正歯科医師名 _____

Address / Postcode 郵便番号 _____

Address / Country 住所 _____

Phone 電話 _____

Fax ファクス _____

Email メール _____

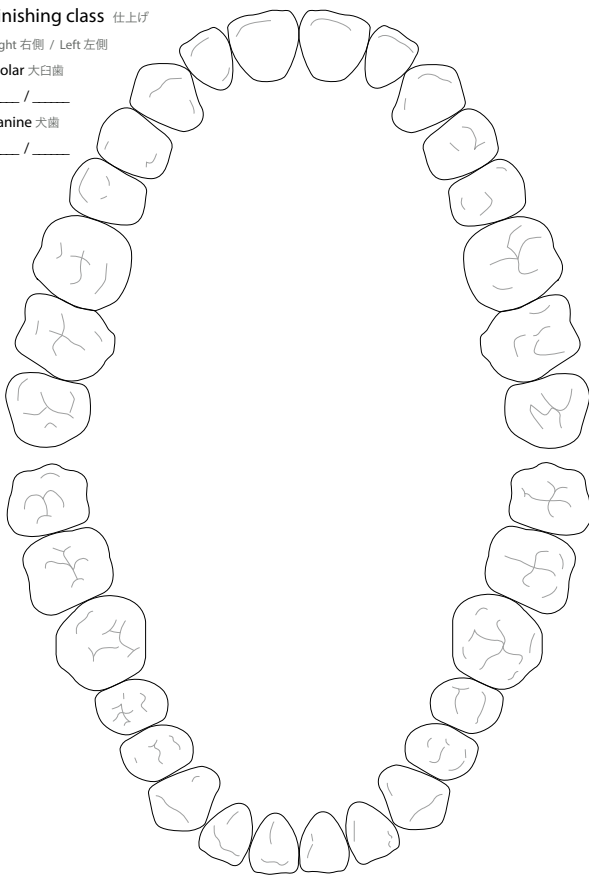
In your country the transfer of personal health data to a laboratory may be subject to legal restrictions, e. g. written patient consent.
Please fully complete the treatment plan (in the red box) 詳細な治療計画を(赤枠内に)英語でご記入ください。

Arch to be bonded MAX 上顎 MDB 下顎
Setup セットアップ MAX 上顎 MDB 下顎

Tray and Type of Setup Model トレーの材質とセットアップの種類

<input type="checkbox"/> Incognito™ Clear Precision Tray クリアプレジジョントレー(透明)	Only with Digital Setup デジタルセットアップのみご注文可能	
	Digital Setup	Manual Setup
<input type="checkbox"/> Silicone hard Tray(two-phase) シリコンハードトレー(2層式、不透明)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vacuum molded Tray(thermoplastic) 吸引成型トレー(熱可塑性、透明)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Silicone Tray シリコントレー(透明)	<input type="checkbox"/>	<input type="checkbox"/>

Finishing class 仕上げ
Right 右側 / Left 左側
Molar 犬歯 _____ / _____
Canine 犬歯 _____ / _____



Remarks (特記事項: 上顎)

Set of archwires MAX		straight lat.sec.	indiv. lat.sec.
SE NITI	12 Ø		
	14 Ø		
	16 Ø		
	16 x 22		
	17 x 25		
Steel	18 x 25		
	16 x 22		
	16 x 22 ET*		
	16 x 24		
	16 x 24 ET**		
Beta III Titanium	18 x 25		
	18 x 25 (red.)		
	17,5 x 17,5		
	17 x 25		
	18,2 x 18,2		

Bracket series	Extras			
MAX	3BP	TH	TL	TI
RibbonwiseVH				

3BP = バイトブレン(上顎両側3番のみ)
TH = フックつきチューブ
TL = 長めのチューブ
TI = イージーインサージョンチューブ
3-3SL = セルフライゲーションスロット(下顎6前歯のみ)
ET* = 15度トルク入り(部位: 上顎両側中切歯)
ET** = 13度トルク入り(部位: 上顎6前歯)
red. = 側方歯群リデュース
■ = 取り扱い無し

TPAの製作 要(アソで製作・納品) 不要

Bracket series		Extras				Set of archwires MDB		
MDB	3-3SL	TH	TL	TI	Wires required (please tick)	straight lat.sec.	indiv. lat.sec.	
RibbonwiseVH								

Remarks (特記事項: 下顎)

Set of archwires MDB		straight lat.sec.	indiv. lat.sec.
SE NITI	12 Ø		
	14 Ø		
	16 Ø		
	16 x 22		
	17 x 25		
Steel	18 x 25		
	16 x 22		
	16 x 24		
	18 x 25		
	18 x 25 (red.)		
Beta III Titanium	17,5 x 17,5		
	17 x 25		
	18,2 x 18,2		
	18,2 x 25		

Stamp, date and signature 日/月/年および署名を直筆でご記入ください

※7-7のフルアーチに5種類のワイヤーが付属します
※4-4のアーチには4種類のワイヤーが付属します
※追加ワイヤーは有料になります

※ I accept the General Terms of Sale covered overleaf. 取引条件の承諾の上注文します。

※ Authorization Disclose: As the Data Controller for this patient, I hereby authorize Solventum to share the documents related to this order with ASO, for the purpose of production and delivery. This authorization is given in accordance with applicable data protection laws and reflects our approval for the processing and transfer of relevant patient data for the purpose of device manufacture and order fulfillment

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- NON-WAIVER. ASO's failure to enforce any provisions of these Terms and Conditions of Sale or any rights hereunder shall not operate as a waiver of such provisions or rights.
- ASSIGNMENT. Buyer may not assign its rights or obligations hereunder without the prior written consent of ASO and any attempted assignment without such consent shall be null and void.
- SEVERABILITY. If any provision of these Terms and Conditions of Sale shall under any circumstances be deemed invalid or inoperative, these Terms and Conditions of Sale shall be construed with the invalid or inoperative provision deleted, and the rights and obligations of the parties shall be construed and enforced accordingly.
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