



บริษัท คอมพิวเตอร์ออร์โทดอนติก จำกัด เลขที่ 39 ถ.สามล้าน ต.พระสิงห์ อ.เมือง จ.เชียงใหม่ 50200
 Computer Orthodontic Co., Ltd. 39 Sarmlarn Rd., Phrasingh, Muang, Chiang Mai, 50200
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[เฉพาะเจ้าหน้าที่แล็บ]

HIPPIUS LABORATORY FORM

GENERAL INFORMATION			
Doctor name: _____	Patient name: _____	H.N.: _____	
Clinic/Hospital: _____	Date of Birth: _____	Age: _____	
Address: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Tel/Mobile: _____	Date: _____	Return date: _____	

Type of work:	<input type="checkbox"/> New case	<input type="checkbox"/> Refinement	<input type="checkbox"/> CA retainer	<input type="checkbox"/> Others.....
Enclosed:	<input type="checkbox"/> OPG	<input type="checkbox"/> Ceph	<input type="checkbox"/> CT	<input type="checkbox"/> Extraoral photo <input type="checkbox"/> Intraoral photo
	<input type="checkbox"/> Impression	<input type="checkbox"/> Study model	<input type="checkbox"/> Bite	<input type="checkbox"/> Articulator <input type="checkbox"/> Others.....

CHIEF COMPLAINT / REQUIREMENTS / SPECIAL INSTRUCTIONS

TEETH ARRANGEMENT & PRODUCT TYPE			
Step 1	<input type="checkbox"/> Upper & Lower	Step 2	<input type="checkbox"/> Full arch
	<input type="checkbox"/> Only Upper		<input type="checkbox"/> Only Premolar to Premolar
	<input type="checkbox"/> Only Lower		<input type="checkbox"/> Only Canine to Canine
		Step 3	<input type="checkbox"/> Premium (4 pair CA / Mth.)
			<input type="checkbox"/> Standard (3 pair CA / Mth.)
			CA Thickness: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> ExH

SPECIAL DETAIL

MIDLINE & OCCLUSION			
<u>Upper midline</u>	<u>Lower midline</u>	<u>Digital Treatment Assessment Plan Required</u> <input type="checkbox"/>	
Centered <input type="checkbox"/>	Centered <input type="checkbox"/>	Canine relationship	Molar relationship
Shifted left _____ mm	Shifted left _____ mm	Left: Class _____	Left: Class _____
Shifted right _____ mm	Shifted right _____ mm	Right: Class _____	Right: Class _____

TEETH MOVEMENT SIMULATION			
Arch form	<input type="checkbox"/> Improve	<input type="checkbox"/> Maintain	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">●</div> <p style="color: blue;">Avoid move these teeth (Implant, Bridge, Ankylos teeth)</p> <div style="margin-right: 10px;">⊖</div> <p style="color: blue;">Avoid engagers these teeth (Restoration, Perio, etc.)</p> <div style="margin-right: 10px;">⊗</div> <p style="color: blue;">Plan to extract these teeth</p> </div>
Upper midline	<input type="checkbox"/> Improve	<input type="checkbox"/> Maintain	
Lower midline	<input type="checkbox"/> Improve	<input type="checkbox"/> Maintain	
Overjet	<input type="checkbox"/> Improve	<input type="checkbox"/> Maintain	
Overbite	<input type="checkbox"/> Improve	<input type="checkbox"/> Maintain	
Canine relationship	<input type="checkbox"/> Improve	<input type="checkbox"/> Maintain	
Molar relationship	<input type="checkbox"/> Improve	<input type="checkbox"/> Maintain	
Anterior crossbite	<input type="checkbox"/> Improve	<input type="checkbox"/> Maintain	
Posterior crossbite	<input type="checkbox"/> Improve	<input type="checkbox"/> Maintain	
Close all spaces	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If needed	
Procline/Retrocline	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If needed	
Expand arch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If needed	
Mesialise	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If needed	
Distalise	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If needed	

Upper (Maxillary)

Lower (Mandibular)