

Treatment option : Child()
Clinic name : 슈가폴

Patient id	: aaaaaaaaaa	Date of birth	: 13-6-2015
First name	: bbbbbbbbbbbbbbbbbbb	Age	: 6
Last name	: ccccccccccccccc	Lab	: 서울치과기공소
Gender	: Male	Race	: Asian
Shipping address	: [Zip code : 25215] 124124 123515 2351235 535215		
Billing address	: [Zip code : 25215] 124124 123515 2351235 535215		

Model type : Impression

Classification

Status :

Etc

Precautions

Treatment option : Child()
Clinic name : 슈가폴

Patient id : aaaaaaaaaa
First name : bbbbbbbbbbbbbbbbbbb
Last name : ccccccccccccccc
Gender : Male

Date of birth : 13-6-2015
Age : 6
Lab : 서울치과기공소
Race : Asian

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Photo



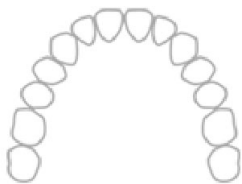
Lateral Photo



Frontal Photo



Smile Photo

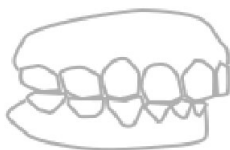


Intraoral Upper

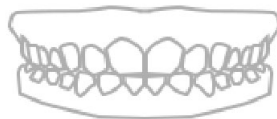
This is a registered photo.



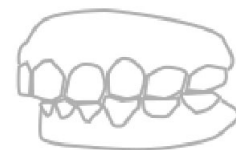
Intraoral Lower



Intraoral Right



Intraoral Front



Intraoral Left

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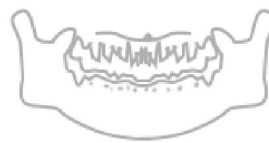
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X-Ray Images



Lateral Xray



Panorama

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Model type : Impression

Prescription1

1. Select a arch : Both arches

2. Please enter full diagnostics

(Implant, Telescopic crown, Veneered crown)

R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>		

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Age : 6
Lab : 서울치과기공소
Race : Asian
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Model type : Impression

Prescription2

3. Attachment : Select teeth

R	<input checked="" type="checkbox"/> 16	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 14	<input checked="" type="checkbox"/> 13	<input checked="" type="checkbox"/> 12	<input checked="" type="checkbox"/> 11	<input checked="" type="checkbox"/> 21	<input checked="" type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input checked="" type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input checked="" type="checkbox"/> 26	L
	<input checked="" type="checkbox"/> 46	<input checked="" type="checkbox"/> 45	<input checked="" type="checkbox"/> 44	<input checked="" type="checkbox"/> 43	<input checked="" type="checkbox"/> 42	<input checked="" type="checkbox"/> 41	<input checked="" type="checkbox"/> 31	<input checked="" type="checkbox"/> 32	<input checked="" type="checkbox"/> 33	<input checked="" type="checkbox"/> 34	<input checked="" type="checkbox"/> 35	<input checked="" type="checkbox"/> 36	
R	<input checked="" type="checkbox"/> 55	<input checked="" type="checkbox"/> 54	<input checked="" type="checkbox"/> 53	<input checked="" type="checkbox"/> 52	<input checked="" type="checkbox"/> 51	<input checked="" type="checkbox"/> 61	<input checked="" type="checkbox"/> 62	<input checked="" type="checkbox"/> 63	<input checked="" type="checkbox"/> 64	<input checked="" type="checkbox"/> 65	L		
	<input checked="" type="checkbox"/> 85	<input checked="" type="checkbox"/> 84	<input checked="" type="checkbox"/> 83	<input checked="" type="checkbox"/> 82	<input checked="" type="checkbox"/> 81	<input checked="" type="checkbox"/> 71	<input checked="" type="checkbox"/> 72	<input checked="" type="checkbox"/> 73	<input checked="" type="checkbox"/> 74	<input checked="" type="checkbox"/> 75			

4. A.P relation

Upper : Protrusion Lower : Protrusion
Canine Relationship : Maintain Molar Relationship : Maintain

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Prescription3

5. Extraction : Extraction

R	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	L
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
R	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	L
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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Model type : Impression

Prescription3

5. Special instructions