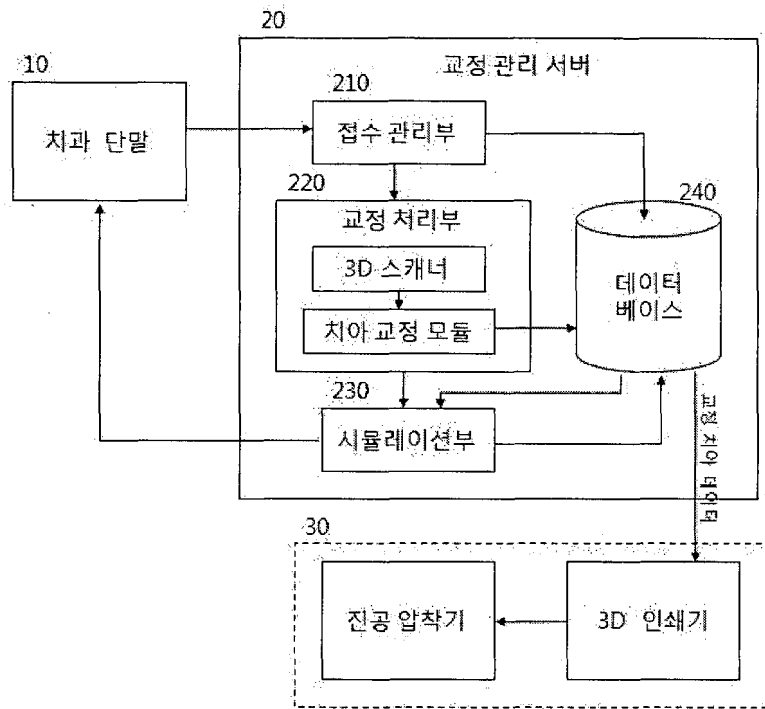
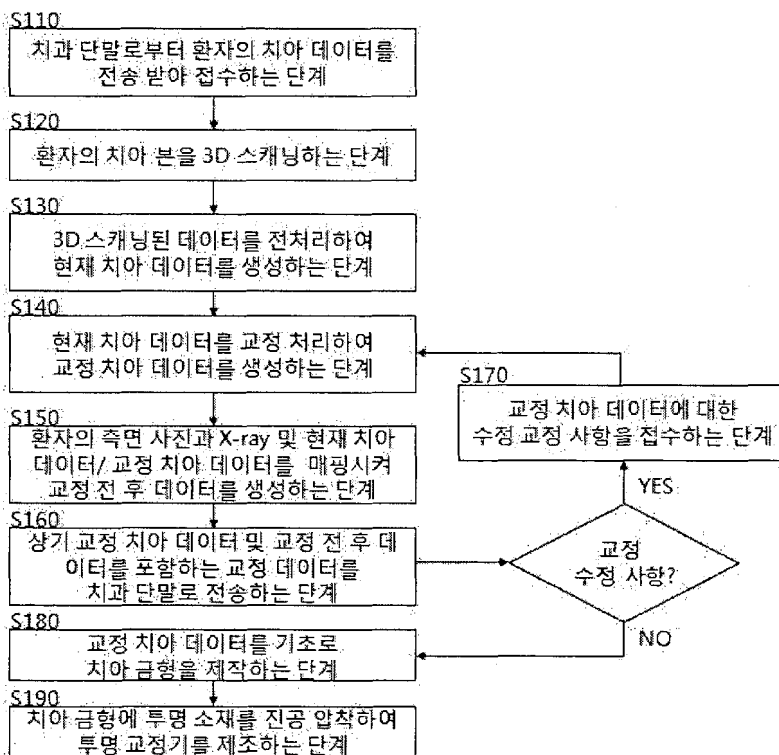


【도면】

【도 1】



【도 2】



【도 3】

Send new case

환자명: 환자의 이름과 성을 입력하십시오. (예) 홍길동

생년월일: 환자의 생년월일을 입력하십시오. (예) 19910101

성별: ☒ 남자 ☐ 여자

교정치아 선택: 상악: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28
 하악: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28
 교정할 치아와 안호를 지정해서 선택하십시오.

스트립핑 여부: ☒ 예 ☐ 아니오 ☐ 잘라냄으로

추가 이미지:

Check	Item Name	Cost	Item description
☒	Retainer	10,000	교정 완료 후 치아유지장치: 위상 유지장치(교정 기간만큼 착용 필수)
☒	Superliner	10,000	Intrusion을 위한 장치
☒	COM-clip	10,000	exclusion을 위한 장치
☒	Postic	5,000	치아 결손부를 심플렉스로 보완하기 위한 인공치

Comments

Capener 가격 차 요구사항 또는 피아사일을 입력하십시오.

복합 사진:

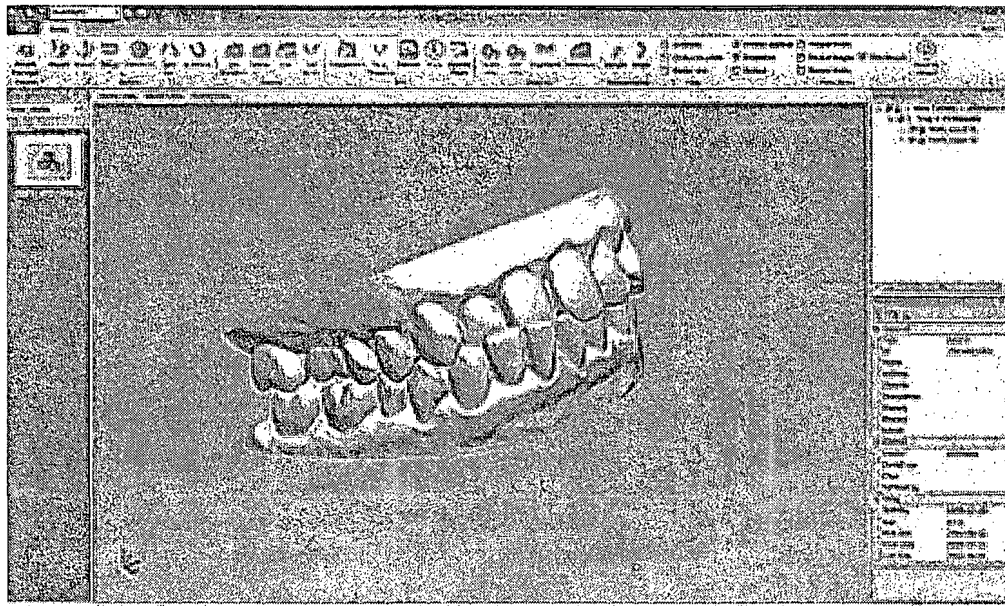
수면 엑스레이:

정면 사진:

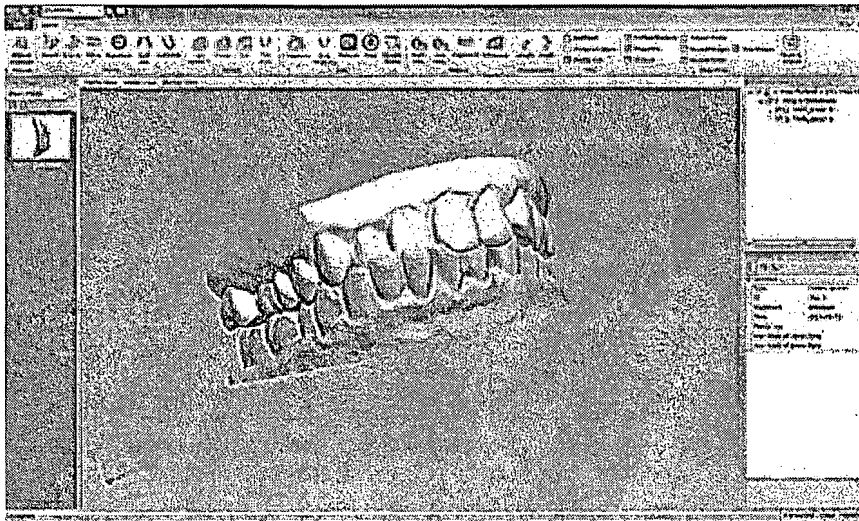
정면 엑스레이:

변복을 하기 위해 사진과 엑스레이를 모두 업로드 하십시오.

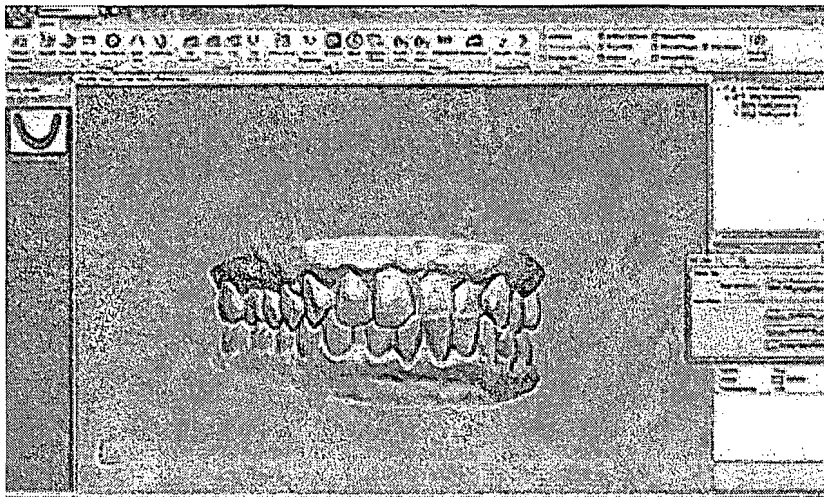
【도 4】



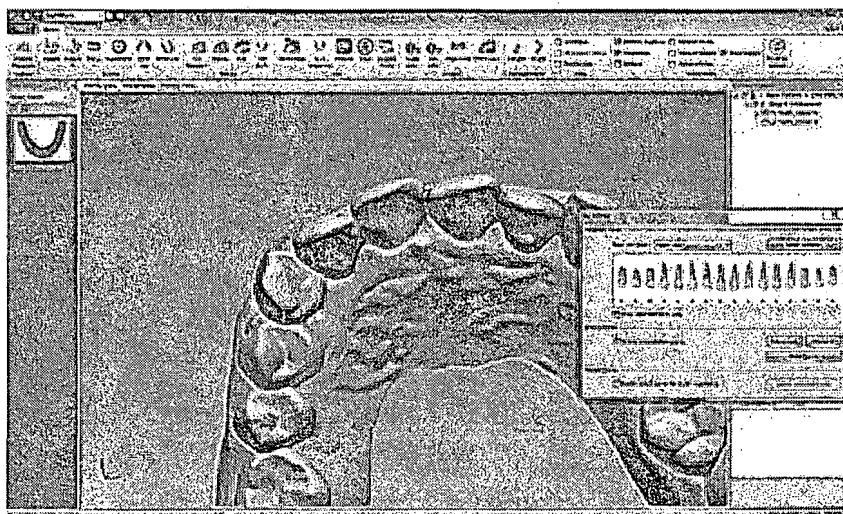
【도 5】



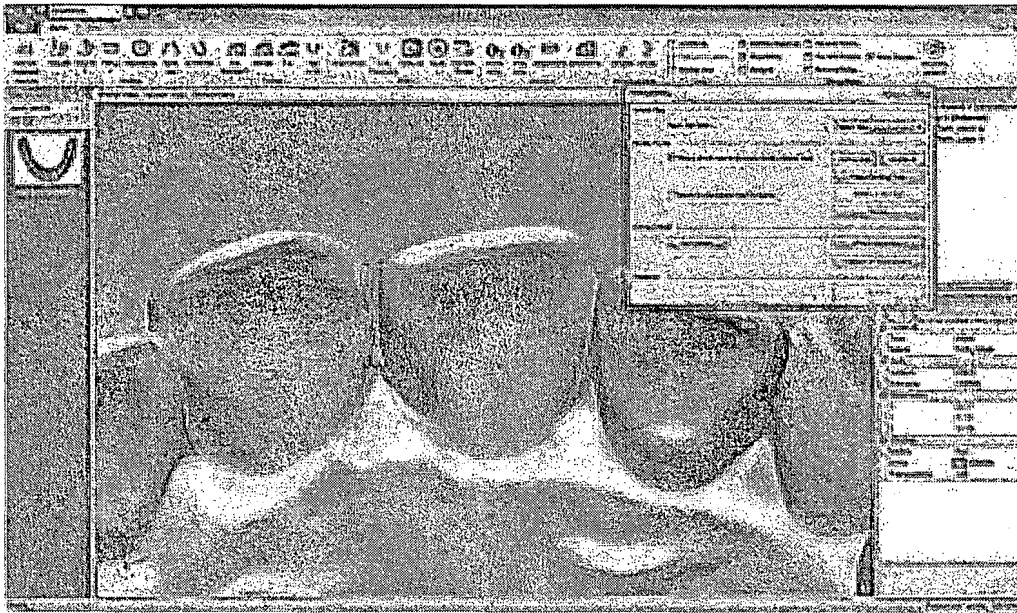
【도 6】



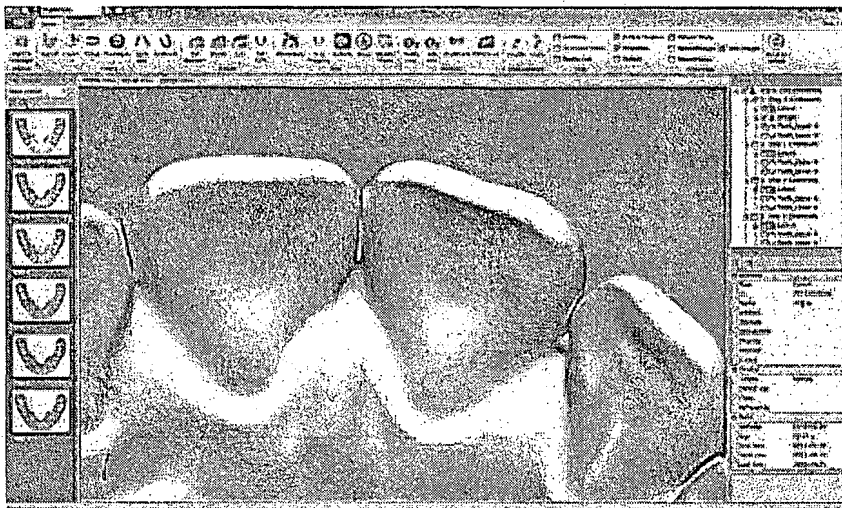
【도 7】



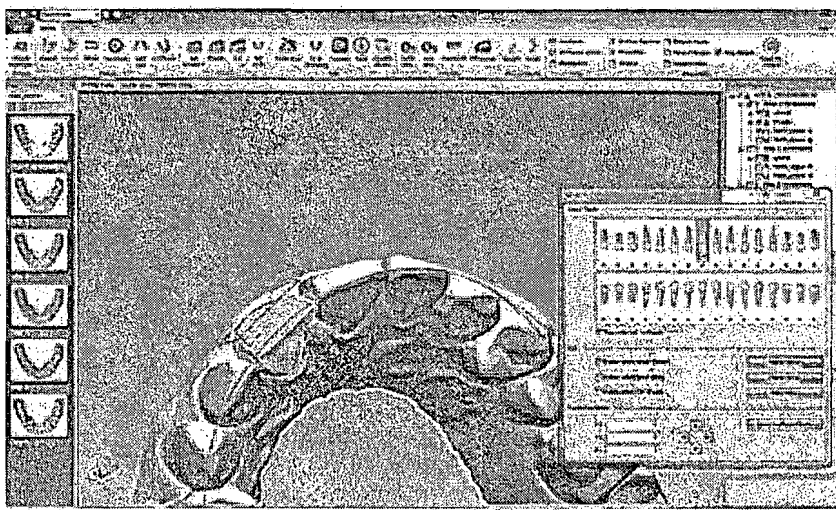
【도 8】



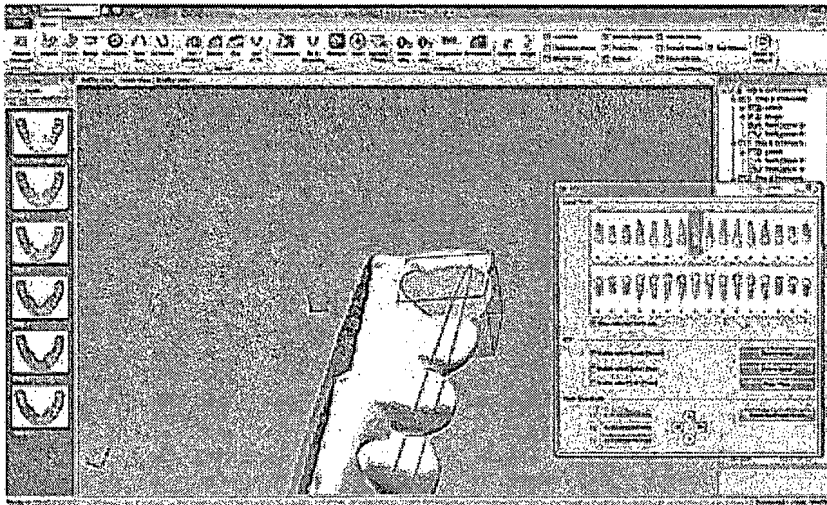
【도 9】



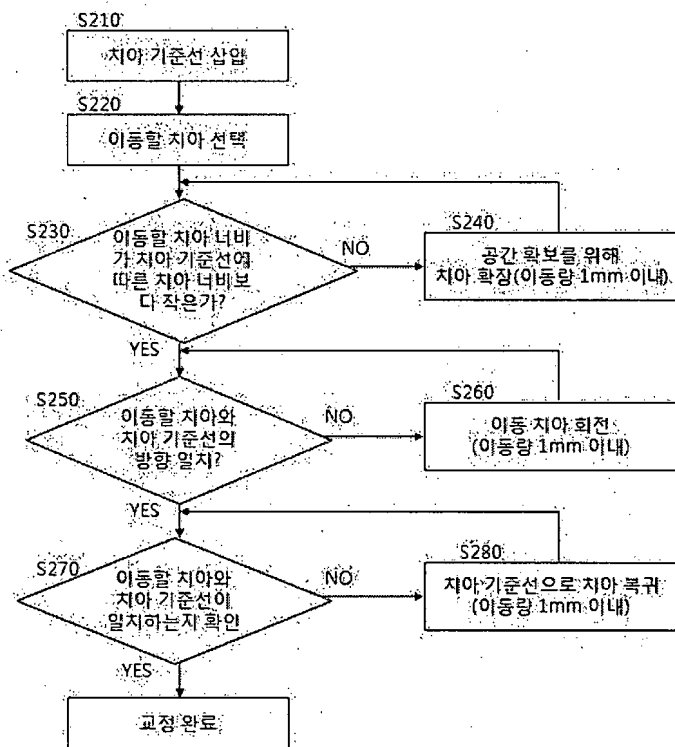
【도 10】



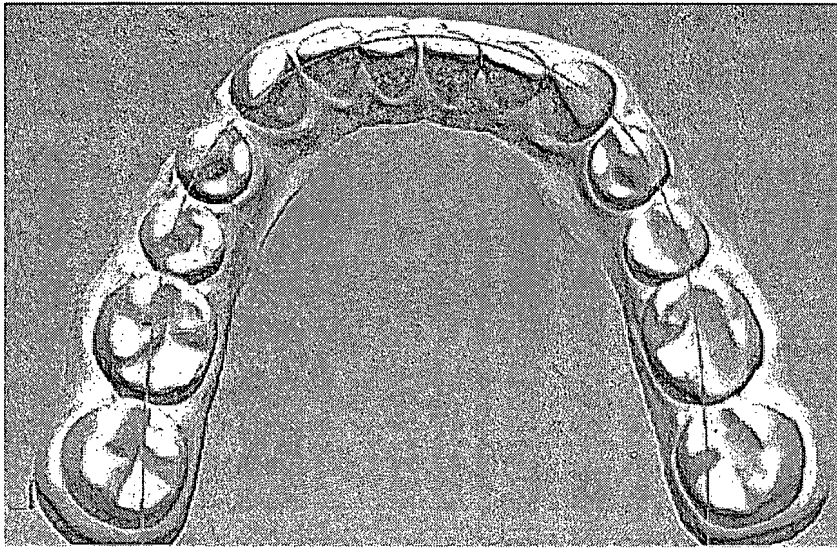
【도 11】



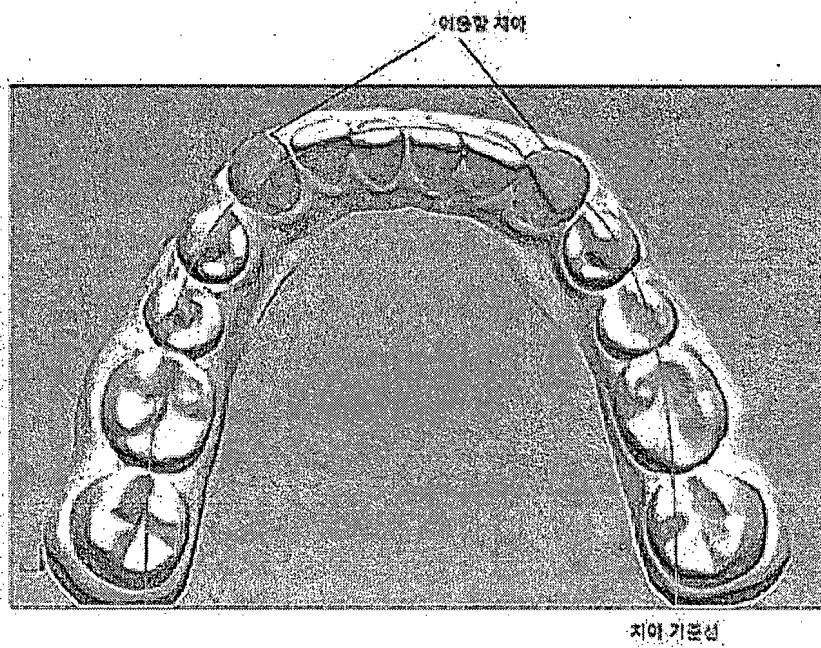
【도 12】



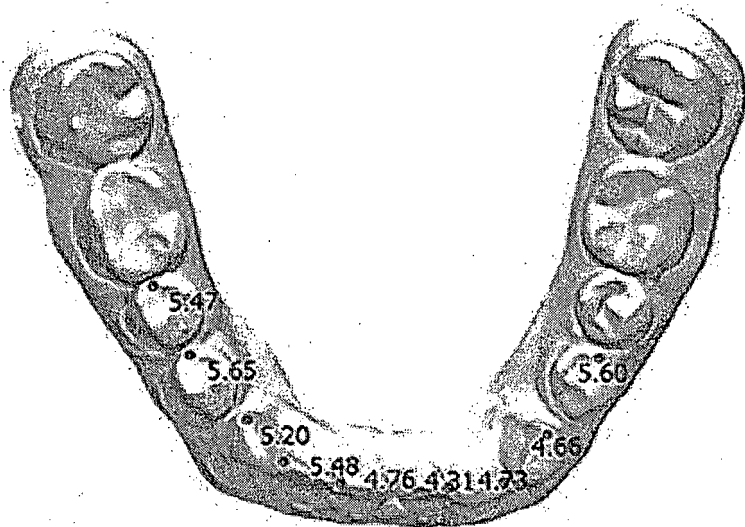
【도 13】



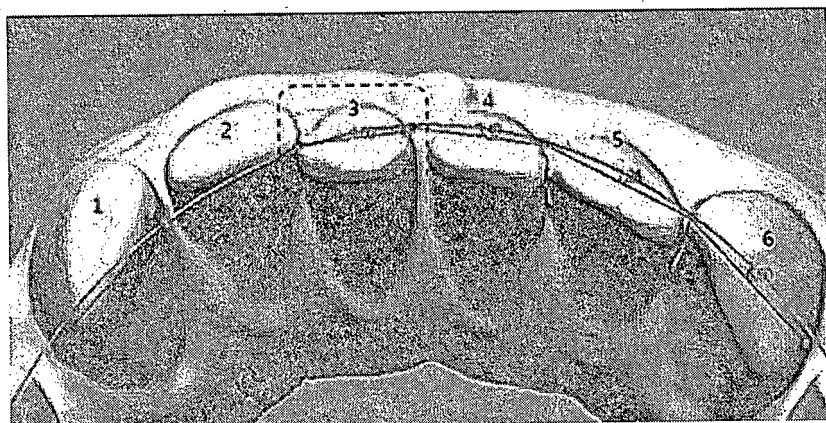
【도 14】



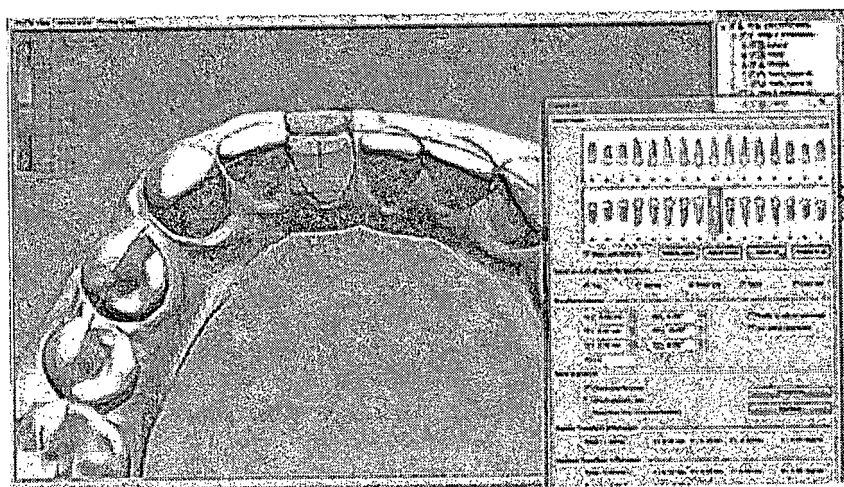
【도 15】



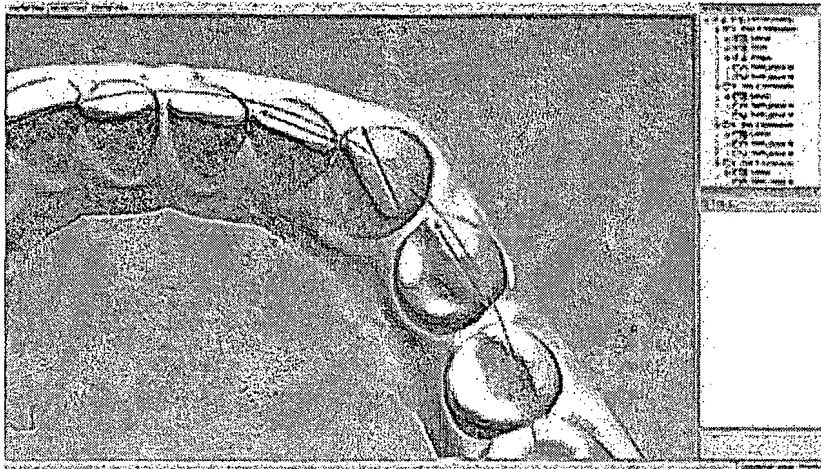
【도 16】



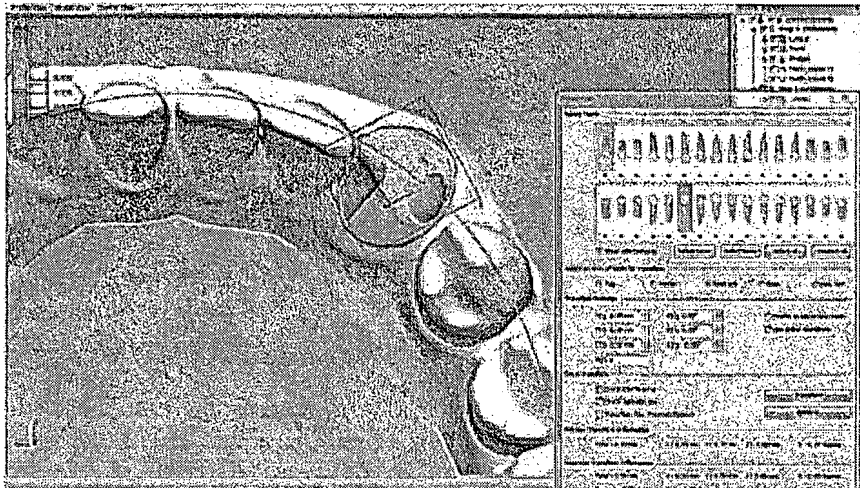
【도 17】



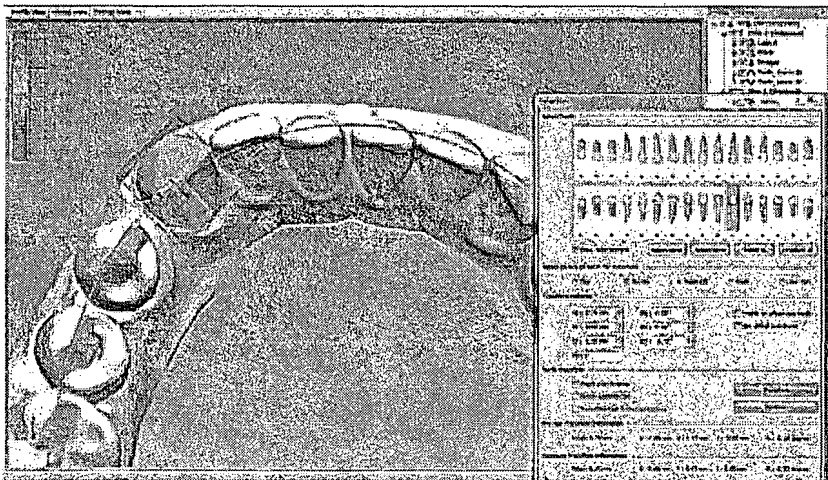
【도 18】



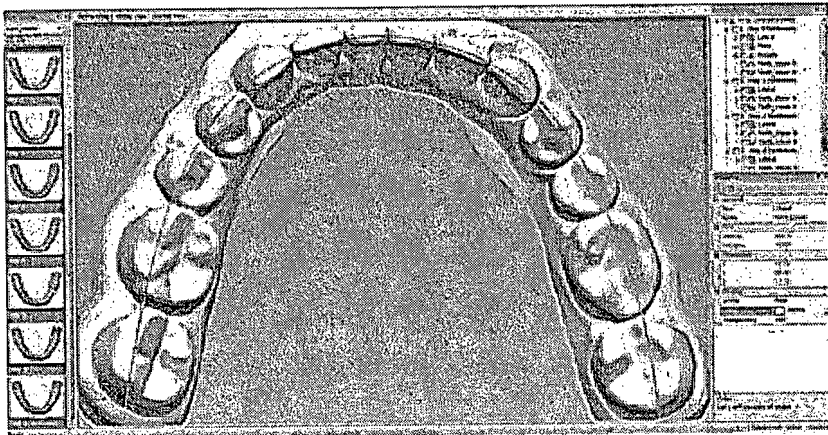
【도 19】



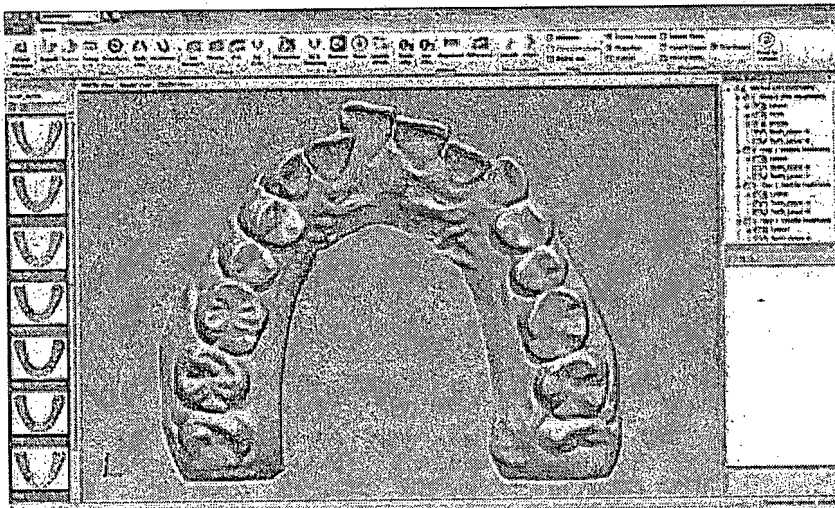
【도 20】



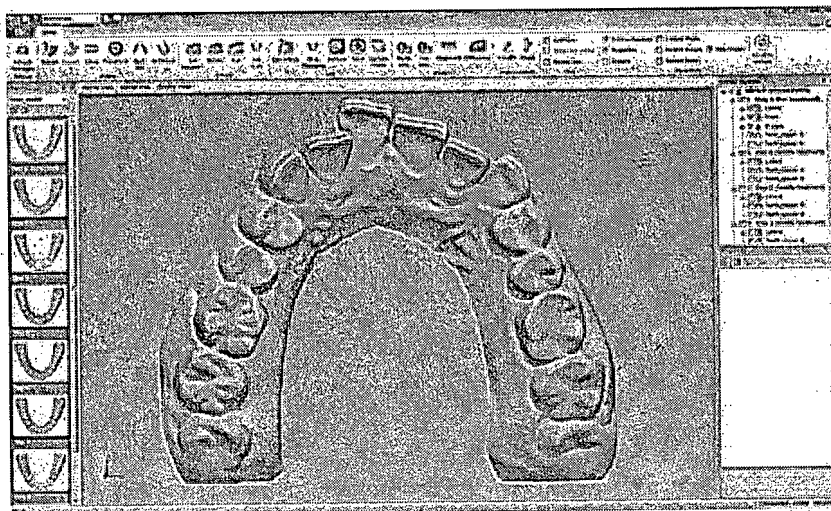
【도 21】



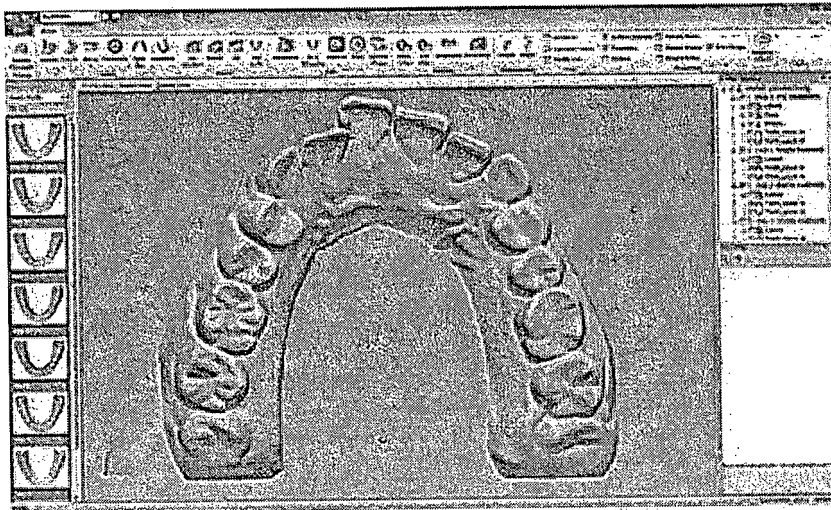
【도 22】



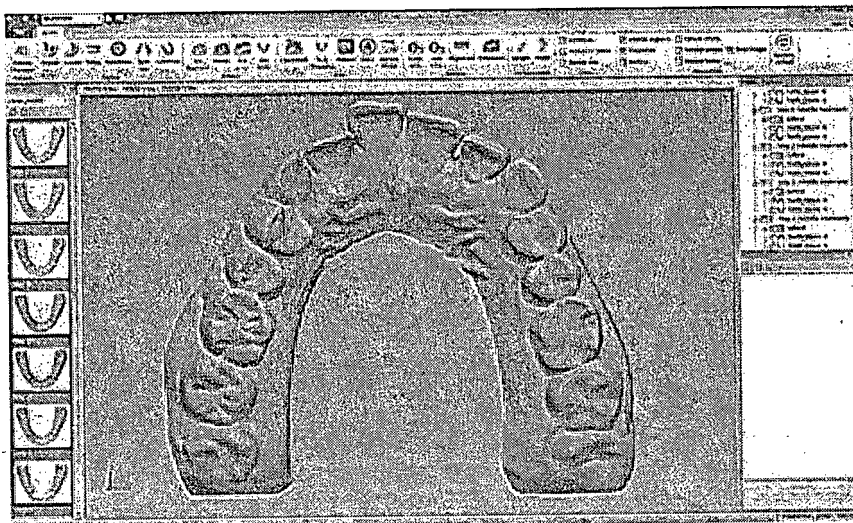
【도 23】



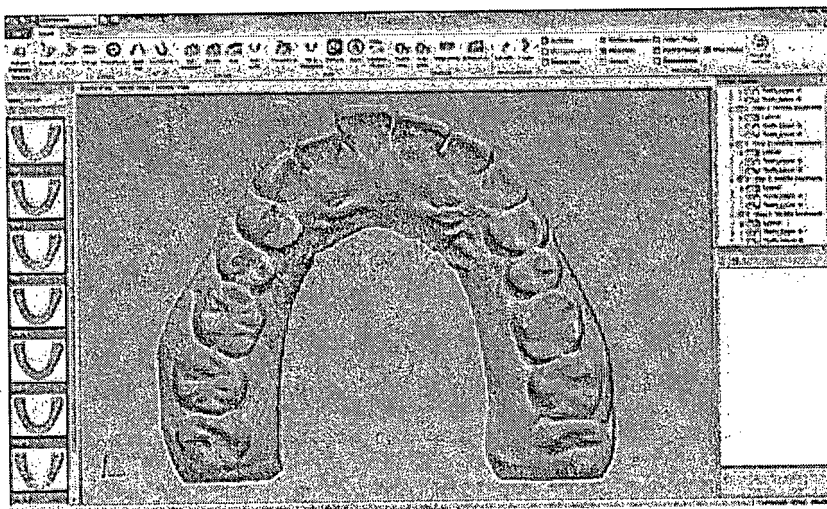
【도 24】



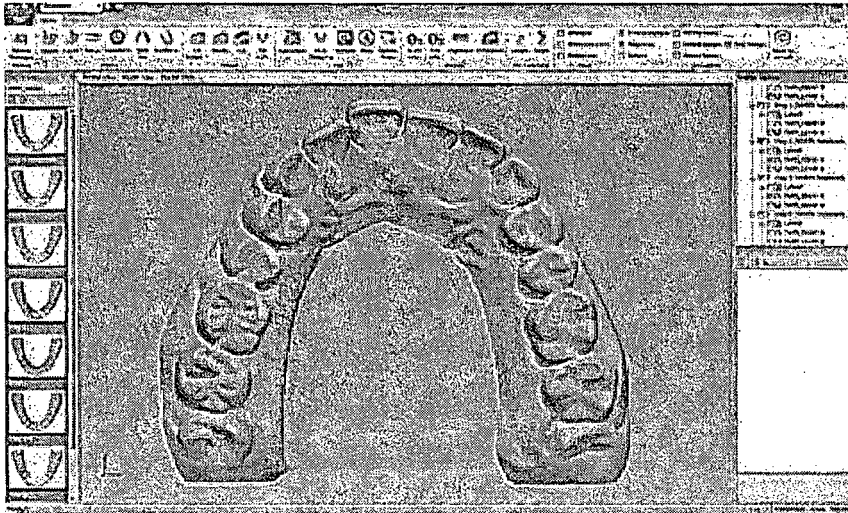
【도 25】



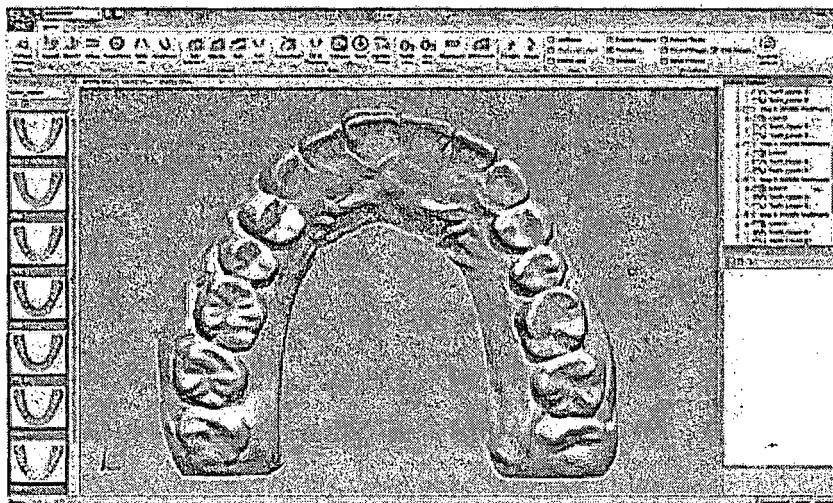
【도 26】



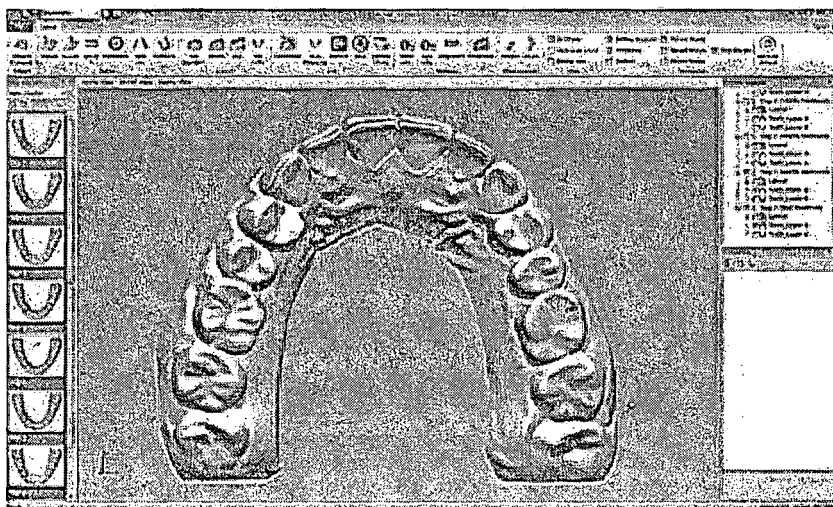
【도 27】



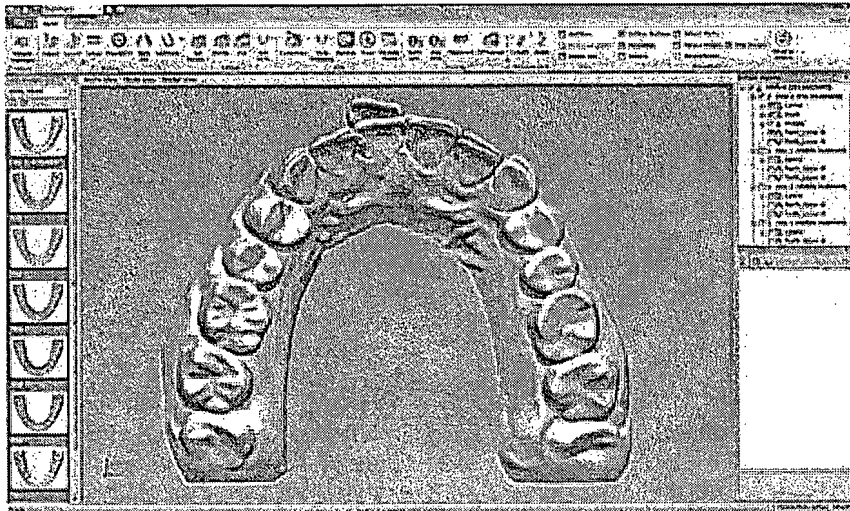
【도 28】



【도 29】



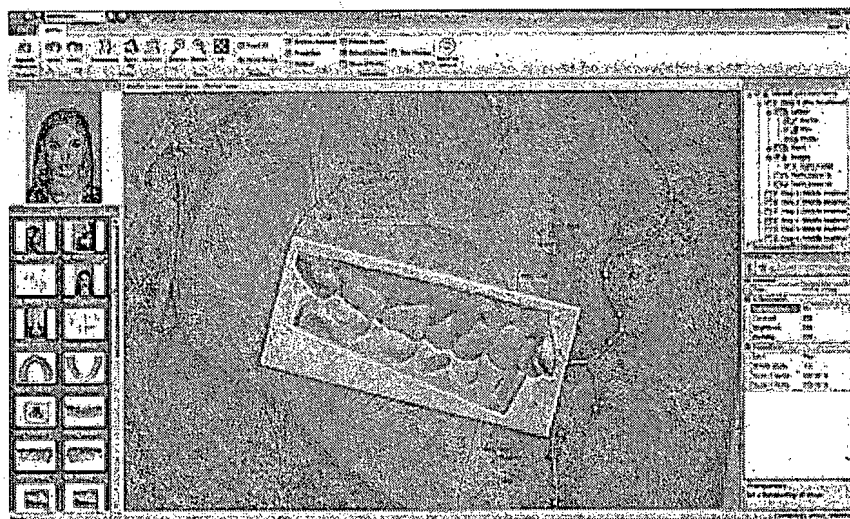
【도 30】



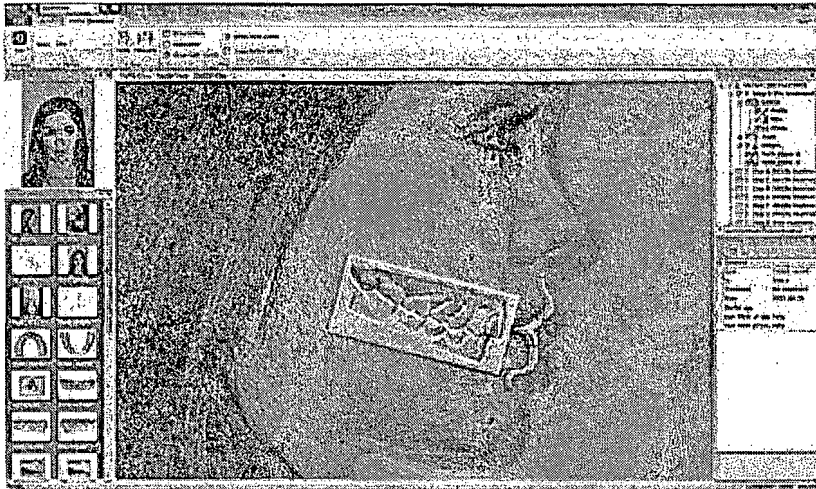
【도 31】



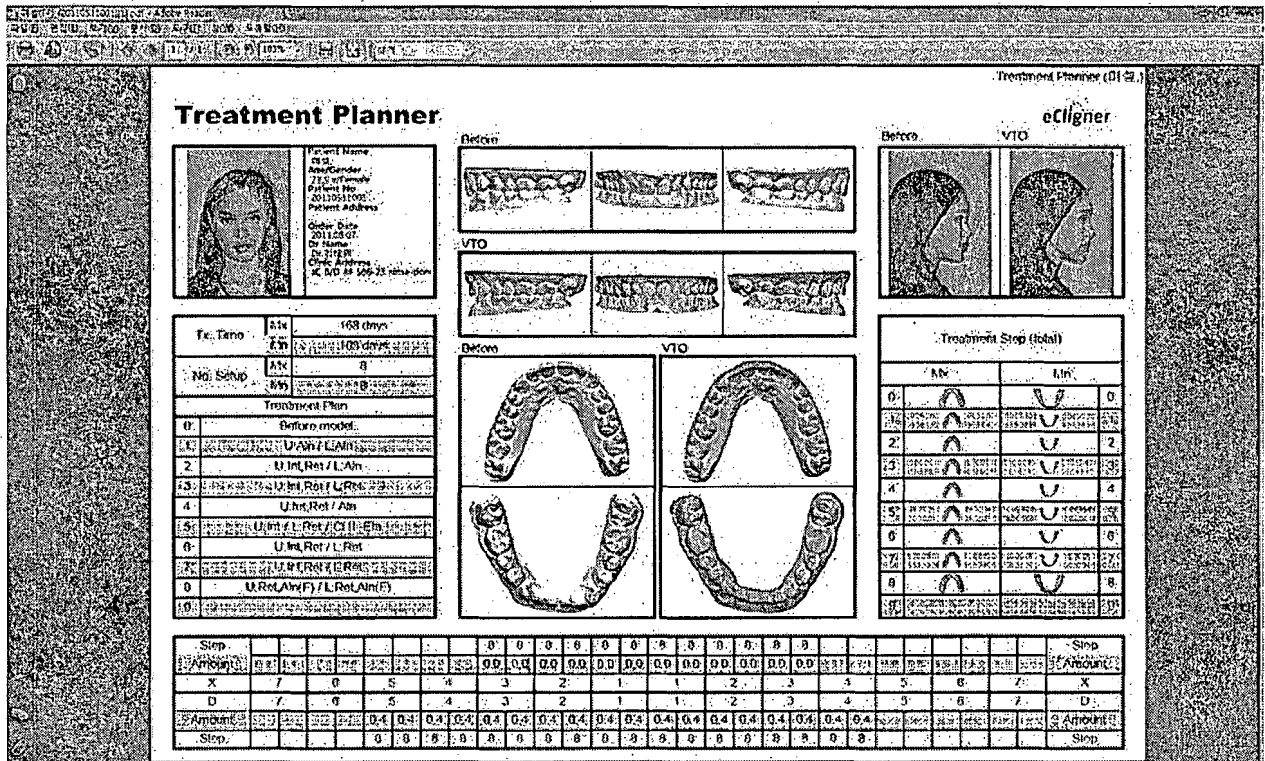
【도 32】



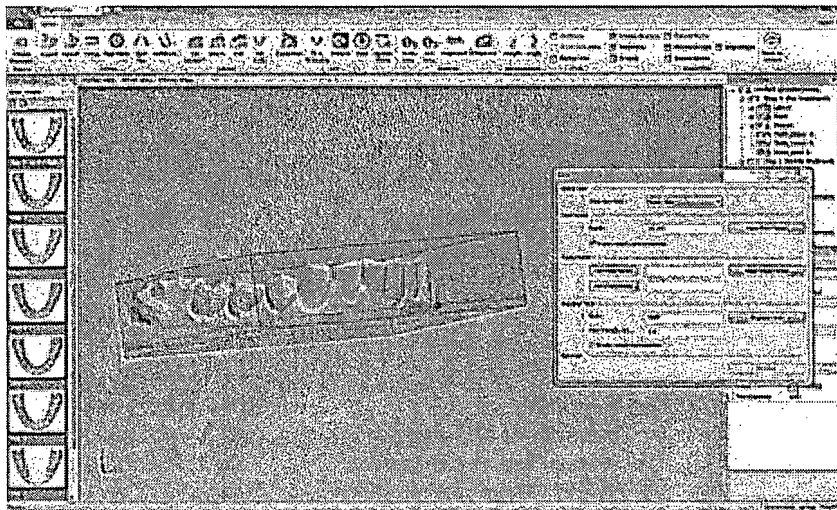
【도 33】



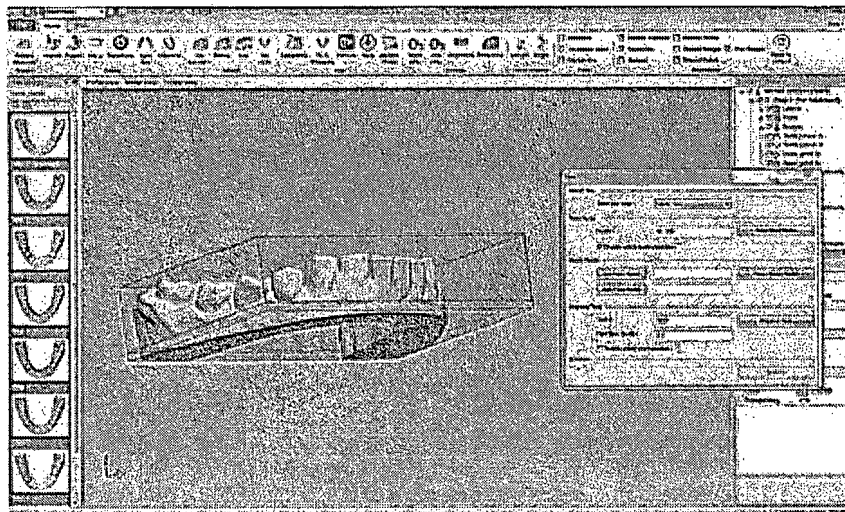
【도 34】



【도 35】



【도 36】



【도 37】

