

Simplifying the Complex



PHYSIODYNAMIC
SYSTEM

 **RONCONE**
ORTHODONTICS INTERNATIONAL

 **FORESTADENT® USA**
GERMAN PRECISION IN ORTHODONTICS

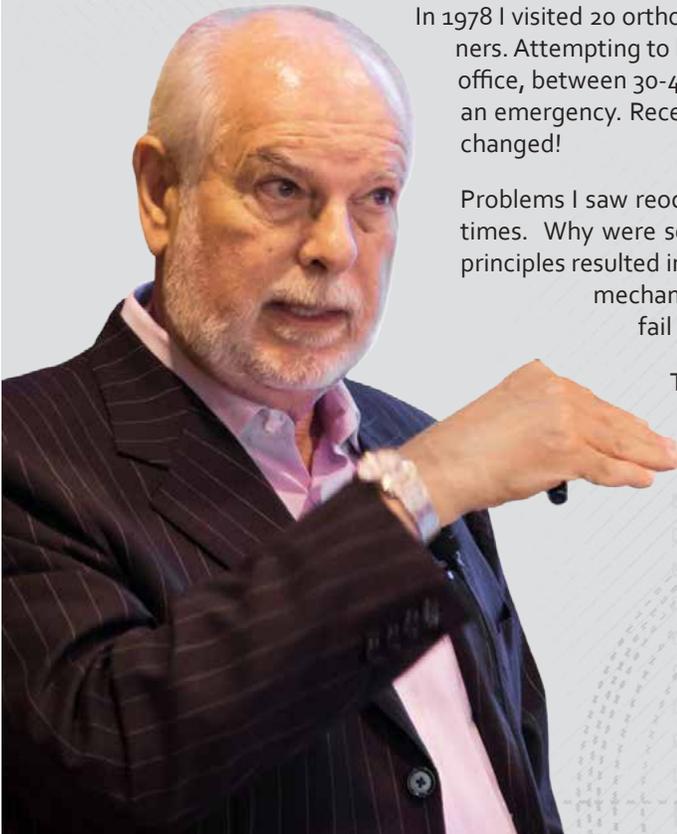


**PHYSIODYNAMIC
SYSTEM**



The Roncone PhysioDynamic System - P.D.S.

Over the past 50 years, Orthodontics has gone through vast changes. Direct and indirect bonding, wire technology, pre-adjusted appliances, self-ligating brackets, cone beam technology, and digital technology to name just a few. Very often we ask the question, "How can I do what I am doing better or faster?" Perhaps a better question might be, "Should I do what I am doing at all?"



In 1978 I visited 20 orthodontic practices, who at the time were considered elite practitioners. Attempting to be as objective as I could, I found that depending on the particular office, between 30-40% of what was done on a daily basis was unnecessary, a re-do or an emergency. Recently, I visited 19 different offices and found the numbers had not changed!

Problems I saw reoccurring in these practices led to inefficient and longer treatment times. Why were some practices more efficient? In past years, good management principles resulted in sound clinical mechanics. Over the last twenty-five years proper mechanics have driven good management. However, most orthodontists fail to ever realize this fact or make any necessary changes.

This is what the Roncone PhysioDynamic System (PDS) is all about. I believe we have taken the complex and greatly simplified it!

I wish you the very best,

Ron Roncone



**PHYSIODYNAMIC
SYSTEM**

For additional resource material visit www.ronconeroi.com.

The Proper Finish,

Begins With The Correct Start!

The Philosophy

The PhysioDynamic System (PDS): is an integrated, directional force system of treating malocclusions to a functional, aesthetic result. It is based on the SEA Principle:

Science

PhysioDynamics is based on the practical, clinical application of what hundreds of scientific articles **REALLY** say.

Experiential

Since 1988, Dr. Roncone has successfully treated more than 20,000 patients using this system. Many other orthodontists have achieved similar results.

Artistry

While artistry is an individual thing, The PhysioDynamic System allows the practitioner to achieve improved aesthetic results more easily than with other bracket and wire prescriptions!

PHYSIODYNAMIC SYSTEM



PhysioDynamic Anchor Principles:

Superb results can be achieved using a multitude of bracket systems. The PDS Philosophy is anchored by several key concepts that simplify treatment biomechanics and improve the standard of patient care:

- Emphasizing the importance of the musculoskeletal system in a totally new way.
- A *directional force* system leading to the desired results.
- Reducing complex concepts into simple solutions.
- Allowing the orthodontist to finish cases with less work.
- Reducing discomfort and stress for patients / parents.

PHYSIODYNAMICS is...

More Patient Centric:

- Shorter appointment visits and frequencies. (6-8 total visits for 90% of patients)
- Less discomfort for patients. The PD System is a physiologically based system from start to finish!
- Reduced treatment times. (13-16 months for 90% of patients)
- Aesthetic treatment and results. PDS utilizes Physio Dynamic Quicklear® and BioQuick®LP SL brackets, and the Roncone PDS prescription, developed for both functional and aesthetic tooth placement.

Centered On The Proper Use Of:

- Forestadent's PhysioDynamic interactive Quicklear® and BioQuick® LP Brackets.
- Light force nickel and beta titanium wire metallurgies which lead to more optimum force levels.
- Correct wire diameters being utilized in the specific stages of treatment. Larger NOT smaller initially!
- Coordinated archforms achieving more functional treatment results.
- Simplified wire sequencing using 2 to 3 total archwires.

Focused On Integrated Physiological Finishes:

- **Relaxed** musculature
- A **Natural** joint position which is repeatable
- Superb **Functional** occlusions

Adjuncts To The PhysioDynamic System Include:

- Correct use of anterior turbos
- Correct anatomical and functional archforms
- PDS Titanium Springs with precise forces
- Utilizing Beta looped wire to achieve ideal vertical control as well as A&P
- Absolute precise placement of brackets on teeth
- Virtual Elimination of emergencies and SOS visits (under 1% of all patient visits)

Aesthetically Centered:

- Tooth Position - horizontally, vertically, axially
- Smile Line
- Individual tooth aesthetics
- Full arch natural smiles
- Functional occlusion

Simplified mechanics

PHYSIODYNAMIC BRACKETS

The Roncone PhysioDynamic Quick System:

- Encompasses pre-adjusted self-ligating Quick & BioQuick LP Appliance System.
- Includes specially made superelastic nickel titanium and pre-looped beta titanium wires with a more functional archform.
- Utilizes minimal key auxiliaries chosen to assist in the speed of treatment with a better post treatment stability.
- Eliminates the need for anchorage devices such as TPA's, TAD's, etc. in all but a few cases.
- Produces more precise "directional forces" which help reduce treatment time.
- Greatly enhances control of the vertical dimension.
- Addresses all twenty-eight reasons for relapse.



PhysioDynamic QuickKlear®

Advantages:

- Uncompromised Aesthetics! The MOST aesthetic interactive self-ligating bracket on the market.
- Removable and replaceable clip.
- Stronger clip necessary for better directional control of teeth.
- Can easily be removed (in one piece) with the Pauls Tool and replaced on the tooth when necessary.
- Incredibly sturdy.

PhysioDynamic BioQuick®LP

Advantages:

- One-piece hooked base creating better undercuts for improved bond strength.
- BioQuick® LP has a lower buccal profile reducing bracket interferences and helping to increase patient comfort.
- Stronger clip for better interactive forces necessary with The PhysioDynamic System.
- Removable and replaceable clip.



SPECIALIST TIP



Dr. David Caggiano
PDS Specialist

"As a biomedical engineer and an orthodontist, I think there is a misunderstanding about low-friction and orthodontics. The PhysioDynamic System provides superb results, efficiency and utilizes friction as an important ingredient in the overall PDS philosophy."

SPECIALIST TIP



Dr. Ron Roncone
PDS Developer

Placing brackets in the correct location is everything in the PDS System! JSOP Jigs are customized for each patient which allows us to diagnose and execute perfect bracket placement.



"The Proper Finish, Begins With The Correct Start!"

PHYSIODYNAMIC AUXILIARIES

PhysioDynamic System Auxiliaries:

Building reliability and predictability into your appliance system and business practice just makes sense. The PhysioDynamic Philosophy streamlines the amount of peripheral items you routinely need, allowing you to reduce chair time and treatment time.

The PDS Philosophy allows the orthodontist to:

- Use fewer archwires. This reduces the number of appointments, speeds up treatment time and reduces overhead.
- Treat 90% of patients in a very similar manner – from enrollment to proper diagnosis and from treatment planning to wire sequencing. Chasing the next greatest auxiliary craze can be detrimental in the long run.

Bite Turbos play a critical part in The PDS Philosophy.

Bite Turbos Help....

- Separate posterior teeth allowing teeth to move more quickly during treatment. They also help to suppress the neuromuscular proprioception. This eliminates "biting where the teeth fit."
- The posterior dentition to more freely erupt correcting the Curve of Spee where appropriate. This allows bony apical fill and permanent deep bite correction.
- Eliminate significant occlusal forces from occurring during tooth contact. (The average person swallows between 1,700-2,400 times per day.)
- Maintain condylar position while keeping the patients' mandible "loose."
- Accelerate moving from Class II to Class I. Wear of teeth (especially canines) is virtually eliminated.
- Reduce loose brackets.

Bite Turbo Usage....

- PDS Turbos must be kept in place for at least 8-9 months! This eliminates relapse of overbites.
- PDS Composite Turbos are easier to adjust vs. the metal.
- PDS Turbos are easy to remove.

PhysioDynamic System Instruments:



- PDS Pliers can be used to bend the ends of nickel titanium wires without annealing.
- PDS Pliers create a bend which eliminates the need for wire stops.
- PDS Pliers help prevent the archwire from escaping the molar tube.

Niti Springs:

- PDS Springs include a lumen size of .010 x .030 and force levels between 125-145 grams. The Length of 9 mm is used from upper first molar to canine. When springs are attached from upper second molars to canines, a .010 x .030 spring of 12 mm length is used.
- Spaces are closed quickly & predictably with a light constant force, allowing you to activate them less often.
- PDS Springs create minimal tipping into extraction spaces.
- Elastic chain creates excessive force initially and minimal force after several weeks, creating more needed visits and replacement.



Class II Elastics:

- Short Class II elastics to "sock-in" occlusion
3/16 - 6.5 oz. Heavy
- Sling Elastics
3/16 - 4.5 oz. Medium



Figure Left:

Wire out of tube due to occlusal forces, tongue, etc.

Figures Down:

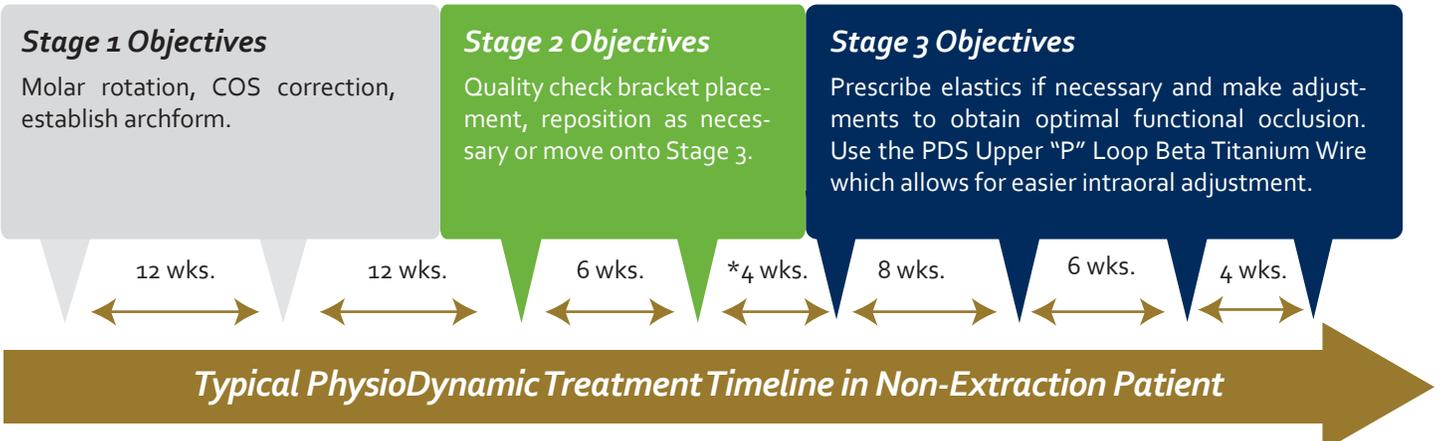
Wire bent lingually with the PDS Niti Bending Plier to prevent the wire from escaping the tube.



PHYSIODYNAMIC WIRES

PhysioDynamic Wire Sequence:

- The PhysioDynamic System relies on light physiologic forces throughout all stages of treatment.
- These wires allow us to complete treatment with less trauma, in less time and with fewer problems.



* Only if brackets are repositioned.

Stage 1:

- For mild to moderate tooth displacement, a PDS Thermal .018 Universal Archwire is engaged.
- For moderate to severe tooth displacement, two (2) PDS Superelastic SE .014 Universal Archwires are simultaneously engaged creating a more optimal directional force.
- These size wires are critical to accelerate tooth movement, correct rotations, create archform and upright roots.



PDS .018 Thermal



PDS Twin .014 Superelastic

Stage 2:

For a .022 x .028 slot we engage a .020 x .020 Thermal PDS Wire which nearly fills the slot. This allows the practitioner to determine if brackets have been placed correctly by checking marginal ridges and incisal edges. If brackets need to be repositioned, the same .020 x .020 wire can be inserted for 4 weeks before advancing to the finishing stage of treatment. This is a "quality control" wire.



PDS .020 x .020 H.A. Quality Control wires

Stage 3:

The PhysioDynamic System calls for finishing treatment in beta titanium wires. Routinely a "P" looped .019 x .025 upper archwire with the loops distal to the lateral incisors is activated. This allows for streamlined intraoral adjustments to gain torque, intrusion or extrusion of incisors, and to achieve proper anterior guidance. With no distal component to the loop there is no tissue impingement in the canine eminence region. PDS Beta Titanium is half as stiff compared to a like-size stainless steel wire and generates twice the working range. The force level is ideal for settling and allows for a "flexing" of the periodontal ligaments, assisting in pre-removal settling.

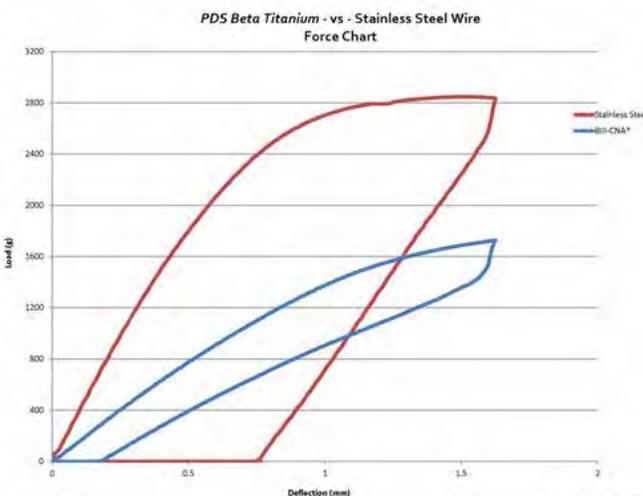
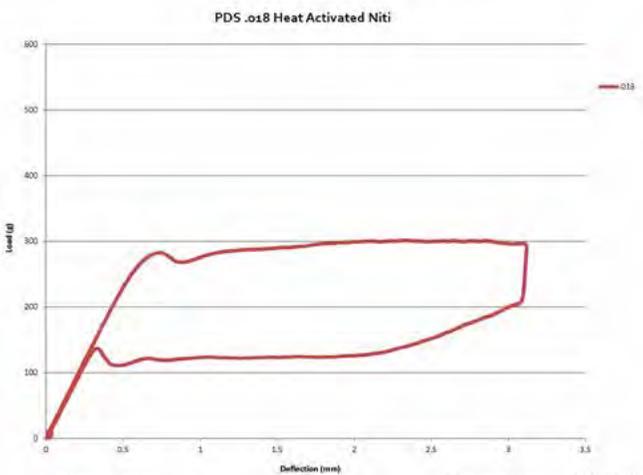
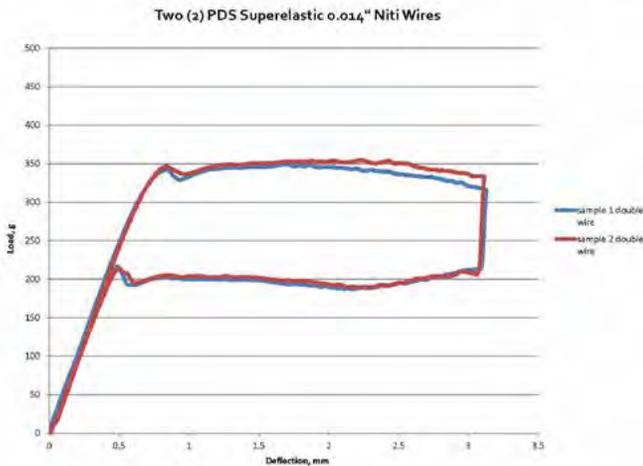


In the lower arch a non-looped PhysioDynamic Beta wire is used in a coordinated lower archform. The Upper Arch shows a typical "P" looped finishing wire.

PHYSIODYNAMIC WIRES

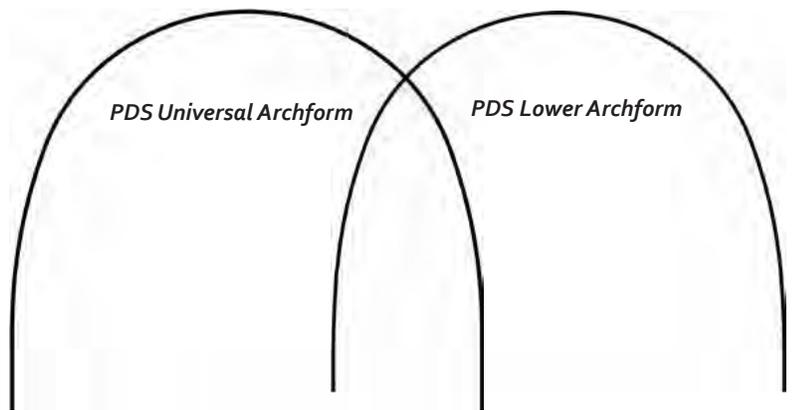
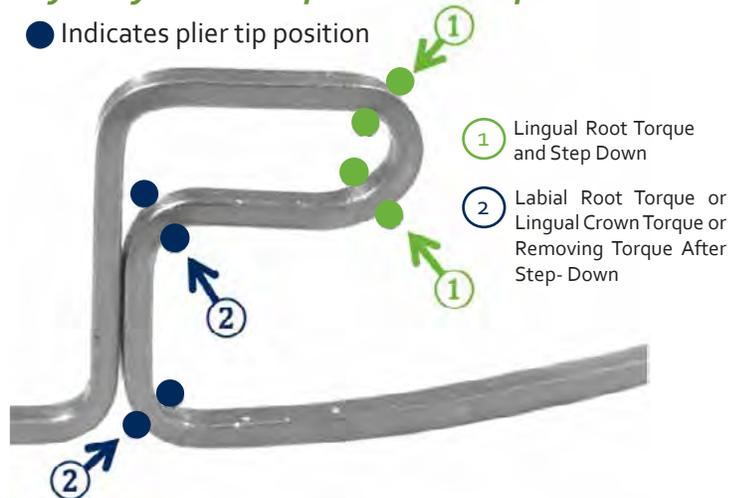
PhysioDynamic System Force Levels:

All wires used in the PhysioDynamic System are Titanium Alloy Wires! Proper wire sequencing, coordinated archforms and the interactive clip design in the PDS bracket, produce superb results and perform rapid physiologic, non-pathologic tooth movement. Force levels that are most prescribed are:



PhysioDynamic Loop Activation Options:

● Indicates plier tip position



PhysioDynamic Archform:

We have developed a new archform based on many years of clinical practice. The PhysioDynamic coordinated archforms are:

- Flatter in the anterior section allowing for better mesial/distal incisor contacts equating to more stability. The relative "flatness" also allows for better contact between the mesial of the lower canines allowing for a more stable result.
- Broader in the lower canine and first premolar regions. This avoids occlusal prematurities and corrects 2+ mm of dental Class II due to autorotation of the mandible.
- In conjunction with the PDS Prescription, the PDS Archforms help upright posterior teeth alleviating anterior crowding without excessive forward tipping.

Please do not equate uprighting teeth over basal bone with overexpansion or tipping off of basal bone!

"Archform is not about faces. It is about function!"
- Ron Roncone



PHYSIODYNAMIC PRESCRIPTION

Upper Incisors:

Increased torque which allows for finishing in less than a full sized wire. This will generate optimal torque necessary to eliminate "over-coupling" of the upper and lower anteriors, which will eliminate fremitus, post treatment relapse, or condylar displacement when fixed lower retainers are used.

Central: Torque: 19 Tip: 5 Rotation: 0

Lateral: Torque: 10 Tip: 8 Rotation: 0



1. Overcoupling of anteriors, lack of upper lingual root torque
2. Correct torque of upper incisors
3. Dotted lines represent correct angulations

Upper Canines:

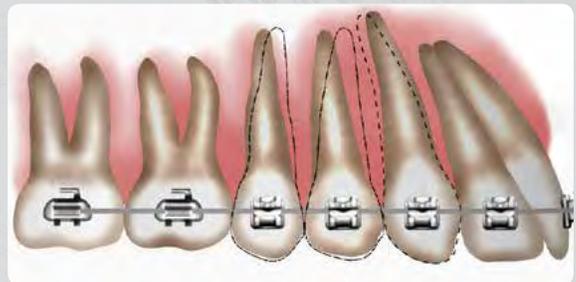
Zero torque eliminates heavy contacts between the upper & lower canines. This eliminates lingual displacement of the lower canine and eventual lower anterior crowding. The angulation is appropriate to achieve proper canine guidance in both extraction and non-extraction cases.

Torque: 0 **Tip:** 8 **Rotation:** 0

Upper Premolars:

Increased buccal root torque eliminates lingual cusp interferences compared to other prescriptions. This helps improve posterior seating of the occlusion. The distal root angulation counteracts any Class II elastic forces and helps to better seat the buccal cusps generating a more aesthetic tooth position. Optimal tooth aesthetics occurs with an increased distal tip from the incisors through the premolars.

Torque: -10 **Tip:** 4 **Rotation:** 2D



The dotted line depicts typical prescriptions with too much distal root tip of upper canine and premolars too upright.

Full tooth shows Roncone PDS ideal angulations.

Upper First Molars:

Increased buccal root torque eliminates lingual cusp balancing interferences, provides incredible anchorage and eliminates the need for TPA's or Nances. Minimum anchorage cases should use the 20/12 molar.

Anchorage Molar:

In combination with large diameter round wires (.018 PDS thermal or (2) .014 PDS Superelastic) typical flaring of incisors is non-existent when bringing down high or impacted canines. This combination of rotation and torque creates superb anchorage when needed.

Torque: -20 **Tip:** 0 **Rotation:** 20D

Non Anchorage Molar

Used when anchorage is not a factor in treatment planning.

Torque: -20 **Tip:** 0 **Rotation:** 12D

Upper Second Molars:

The upper second molars, like all posterior teeth, have increased buccal root torque to eliminate balancing interferences. The shorter height of the lingual cusps allow for somewhat less torque than the first molar.

Torque: -17 **Tip:** 0 **Rotation:** 12D

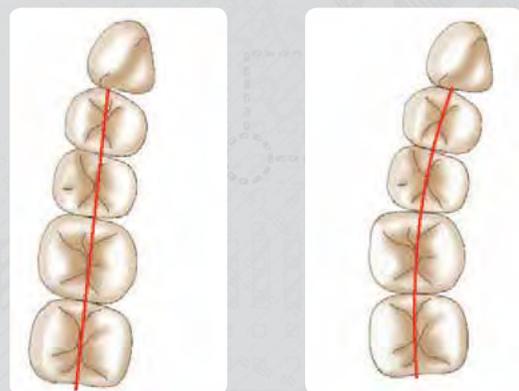


Figure Left: Typical non-rotated upper molar. A line through the central grooves would continue to create a parabolic shape when the right and left sides continues in a posterior direction.

Figure Right: Ideal upper molar rotation for anchorage, stability and regaining space is accomplished with the PDS 20/20 molar tube. Note the slight curvature of the arc through the central groove.

PHYSIODYNAMIC PRESCRIPTION

Lower Incisors (Universal):

Positive torque of 2 is appropriate for finishing in less than full-sized wires and for mechanics that are not totally dependent on heavy Class II mechanics common with Class II Corrective Appliances, heavy Class II elastics and other higher force systems.

Torque: 2 **Tip: 0** **Rotation: 0**

Lower Canines:

Decreased torque helps to upright the lower canines resulting in a more aesthetic finished position. This creates more harmony with the lower incisors and first premolars. Combined with the zero torque upper canine, the PDS lower canine generates excellent guidance without too heavy of a contact. With no mesial lingual rotation; the bracket can be placed in the middle of the crown where it belongs instead of guessing how far mesial it needs to be placed.

Torque: -3 **Tip: 5** **Rotation: 0**

Lower First Premolar:

Decreased lingual crown torque helps maintain excellent archform and reduces balancing interferences and "forward slide" from C.R. to C.O. This "forward slide" is common with most techniques and is due to excessive lingual tipping of the first premolar in combination with a narrow archform in this region.

Torque: -7 **Tip: 2** **Rotation: 2D**

Lower Second Premolar:

The lower second bicuspids are kept more upright in the PDS Prescription keeping consistent with the full arch philosophy. We choose to use The BioQuick® LP (Low Profile) Bracket on lower premolars, while all of the other PDS System Brackets utilize Forestadent's QuickClear® Bracket.

Torque: -10 **Tip: 2** **Rotation: 2D**

Lower First Molar:

Decreasing lingual crown torque on the lower first molar brackets helps to eliminate lingual "roll-in" of these teeth in conjunction with eliminating balancing interferences. The slight disto-lingual rotation fits beautifully with either the maxillary anchorage (20T, 20R) or non-anchorage (20T, 12R) molars.

Torque: -13 **Tip: 0** **Rotation: 4D**

Lower Second Molar:

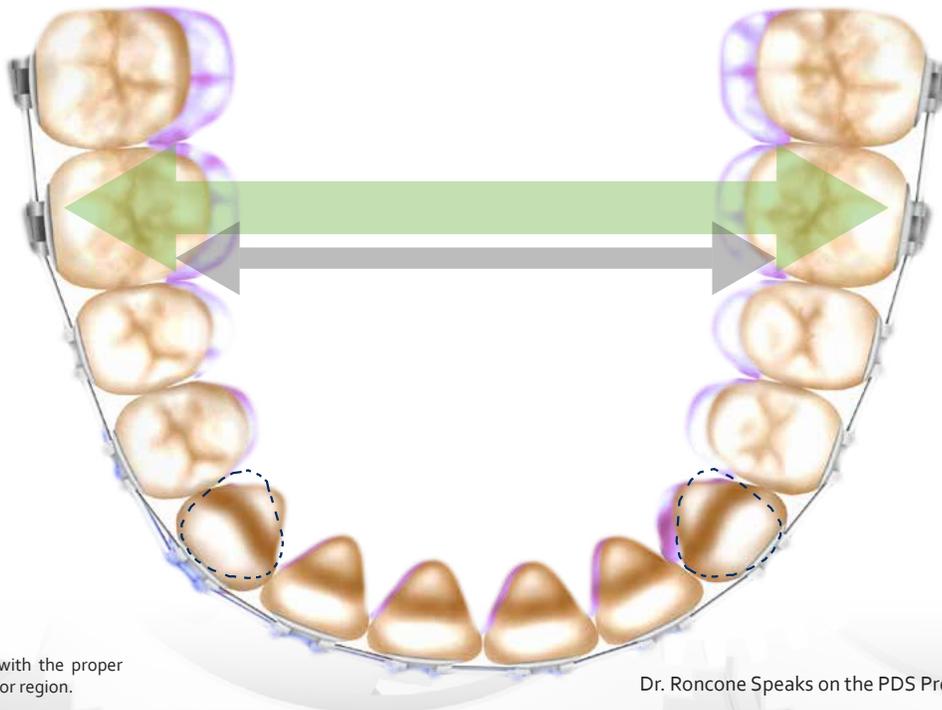
Like the lower first molars, the PDS Rx reduces lingual crown torque. This is not the case with other popular prescriptions. With the PDS System, the lower arch finishes with a more upright and naturally wide result which coordinates beautifully with the upper arch.

Torque: -10 **Tip: 0** **Rotation: 0**

PD System

Other

This is a visual representation of the approximate differences between PDS and other prescriptions and archforms.



Notice additional space created with the proper Torque and Rotation in the posterior region.

Dr. Roncone Speaks on the PDS Prescription:



CASESTUDIES

Case #1

- 13.5 years old
- Unilateral Class II
- 6 mm OJ
- Impinging O.B.

Treatment Plan:

- Full bond upper and lower 7-7 with 20/20 molar upper right and 20/12 molar upper left.
- Temporary build up of lingual cusps of maxillary first molars to avoid biting off lower brackets.



Consult Appointment



Stage 1: Start Date - upper and lower .018 heat activated wires.



One year later - .019 x .025 PDS Beta "P" looped upper and .019 x .025 PDS Beta Ideal lower
(Stage 2 - .020 x .020 wires not needed)



Removal 13 months, 2 weeks later

Initial Smile

Final Smile

- Molar rotation with PDS 20/20 Molar bracket right side
- Short Class II elastics for 11 weeks on the right side
- 6 total appointments including bonding and removal



Case #2

- 36 years old
- Narrow arches, crowding, MPD (headaches)
- Class I
- Maxillary tooth size discrepancy

Treatment Plan:

- Splint (about 4 months).
- Full bond 7-7 upper and lower with Roncone PDS Prescription.



Consult Appointment



Post Splint bonding - Stage 1 - Initial bonding date - .018 upper & .014 twin lower
There was one appointment after 4 months for progress check



7 months after initial bonding - .019 x .025 PDS Beta "P" looped upper and .019 x .025 PDS Beta Ideal lower
(Stage 2 - .020 x .020 wires not needed)



Removal - 10 months total treatment time

Initial Smile

Final Smile

- 5 total appointments including bonding and removal



FIVEAPPOINTMENTS

CASESTUDIES

Case #3

- Severe crowding - (13 mm maxillary, 10 mm mandible)
- Anterior Crossbite
- Biconcave profile
- Small airway



Patient underwent Phase I and bonding maxillary incisors - Upper & lower orthopedic expansion (Roncone PDS) for 12 months



Appointment #1: After 19 months of observation with no retention appliances Phase II orthodontics initial bonding - .018 PDS Niti wires for initial alignment



Appointment #3: .018 PDS Niti with advancing stops upper - DB lower canines & .018 PDS Niti lower



Appointment #5: After room made for upper canines they were bonded the .018 Niti placed above upper left canines to extrude
Lower .020 x .020 PDS Niti



Appointment #7: Upper .019 x .025 PDS Beta with "P" loops - lower .019 x .025 Beta Ideal arch
Full removal 2 appointments later

NINEAPPOINTMENTS

Case #3 Continued

Treatment Plan:

Phase 1 - Lateral expansion of both arches

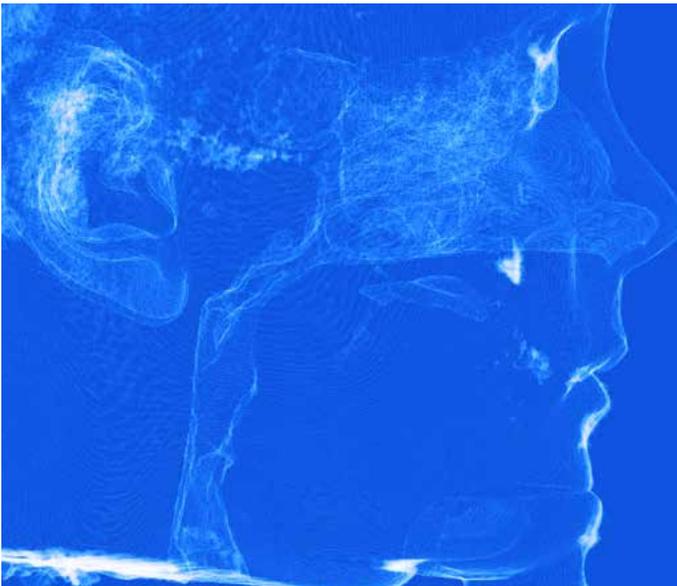
Phase 2

- Move both upper and lower anteriors forward since they are lingually inclined
- Progressive bond as canines erupt
- Finish Class I functional occlusion

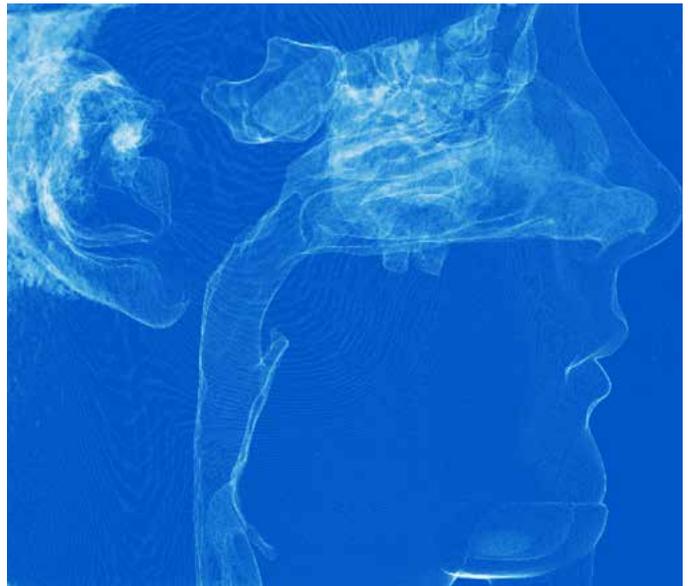
CASESTUDIES



Final Result - One year post removal



Airway before Phase I Treatment



Significantly open airway after
Two Phase Treatment

(Adenoids were NOT extracted per advice of MD. I did not concur with this opinion.)

- 9 total appointments
- All teeth were shown to be well within cancellous bone using CBCT
- Airway was significantly enlarged

Initial Smile

Final Smile



WEBELIEVE

“Great results, less chair time, predictable/faster treatment times, and less stress are just a few of the benefits the PhysioDynamic System can bring to your practice. I sought out Dr. Roncone and PDS after years of being disappointed by other brackets and systems, and now I couldn’t be happier.”

Dr. Jordan Lamberton ~ Napa, CA
JSOP XXII GRAD



“Dr. Roncone is absolutely committed to the practice and teaching of orthodontics. He has put his full force and intellect behind this profession throughout his career and organized a course that can be assimilated by any orthodontist seeking knowledge and a better way to practice”

Dr. Richard Elliott ~ Highland Ranch, CO
JSOP XIX GRAD



“Don’t rely on the latest internet fad to temporarily boost your practice—rebuild it from the inside out! Dr. Roncone’s knowledge of dental physiology, combined with his understanding of the full capabilities of current materials, has produced a truly amazing system. The PhysioDynamic System has simplified my mechanics, reduced my wire inventory, cleared up my schedule, while drastically reducing my overall treatment times.”

Dr. Matt Bauer ~ Cottleville, MO
JSOP XXV GRAD



“If you think you just do not have the time to invest in taking this course, due to a demanding orthodontic schedule..... you are the perfect candidate to take the course. I know, as that was my first reaction, I am so very grateful I attended”

Nicholas Dahar ~ Irwin, PA
JSOP XXVIII



“In my 35 years in practice and taking numerous CE Courses, JSOP and the implementation of the PDS System have been a “Game Changer!” During the last three years I have reduced my overhead to 40%. This has happened by streamlining my systems, reducing my treatment times and cutting down rework. Thanks Dr. Roncone!”

Dr. Kim Littlefield ~ Swansea, IL
JSOP XXI GRAD

WEBELIEVE



"The JSOP course teaches a common sense approach to orthodontics in every way imaginable... from scheduling to clinical procedures, practice management and beyond. Since implementing what I have learned from the course my practice runs much more efficiently without the schedule feeling hectic! I highly recommend this course to anyone from a new graduate to a seasoned orthodontist who is seeking a positive change. Thanks Dr. Ron!!"

Dr. Beth Hite ~ Glen Carbon, IL
JSOP XXV GRAD

"My confidence as a clinician and a businessman has skyrocketed thanks to completing The JSOP course. Dr. Roncone presents challenges and solutions to everyday practice life that no other course offers. I run three very busy practices and before I took Ron's course I thought I needed an associate to help run things. It turns out I was wrong. Dr. Roncone's expertise is evident as he identifies and solves each problem area that practitioners face. From scheduling to streamlining treatment times, all while maintaining a high level of clinical quality. There isn't anything now that I feel I can't handle thanks to the leadership principles I've learned from Dr. Roncone. Now each and every day I can't wait to get to the office to do what I love! Many thanks Dr. Roncone!"

Dr. Anthony Patel ~ Southlake, TX
JSOP XXVI GRAD



A wise old orthodontist once told me that if I came home from a course with one or two "pearls" it was worth the trip. I came away from the JSOP course with so many "pearls," so many great ideas and strategies to improve my practice I lost count. Dr. Roncone's course has helped improve not only my practice management and organization, but also improved treatment planning and mechanics. The results are decreased treatment times, improved treatment results, and a healthier bottom line. I regret not taking this course sooner. Thank you Dr. Roncone!

Dr. Paul Reed ~ Petoskey, MI
JSOP XXI GRAD



"The orthodontic experience of those who have shared in this curriculum and converted to PDS is remarkable! The outcomes I've seen are much shorter treatment times with much fewer appointments making this a very efficient treatment philosophy."

Dr. Steven Tinsworth ~ Bradenton, FL
JSOP XXV GRAD

PHYSIODYNAMIC STARTER KIT

Request Formal Quotation



PHYSIODYNAMIC
SYSTEM

Brackets

BioQuick®



_____ Cases BioQuick®

QuickKlear® III



_____ Cases QuickKlear®

* QuickKlear® not available without hooks on cuspids.

Slot .018" Slot .022"

without hook hook 3

hook 3-5

Buccal Tubes



_____ Upper 6
-20/0/20D

_____ Upper 6
-20/0/12D

_____ Lower 6
-13/0/4D



_____ Upper 7
-17/0/12D

_____ Lower 7
-10/0/0

* Weldable tubes available.

Instrumentation

Dual Opening Collar Probe

_____ Qty



QuickKlear Comfort Probe

_____ Qty



Quick 2 Prong Comfort Probe

_____ Qty



Pauls Tool Debonding Instrument

_____ Qty



* For use debonding QuickKlear® only

PDS Niti Pliers

_____ Qty (R)

_____ Qty (L)



PDS Weingart

_____ Qty



Miscellaneous

_____ PDS Archwire Template

_____ PDS Chart Stickers

Archforms & Wires

_____ PDS .012 Titanol SE Duopack	Universal	10 Pack
_____ PDS .014 Titanol SE Duopack	Universal	10 pack
_____ PDS .014 DWS Titanol	Universal	10 pack
_____ PDS .018 Titanol Thermal	Universal	10 pack
_____ PDS Beta .019 x .025	Universal	10 pack
_____ PDS .020 x .020 Titanol Thermal	Universal	10 pack
_____ PDS .020 x .020 Titanol Thermal	Lower	10 pack
_____ PDS Beta .019 x .025	Lower	10 pack

Looped Archwires for Non-Extraction Cases

_____ PDS Beta .019 x .025 Size 32	Upper	5 pack
_____ PDS Beta .019 x .025 Size 34	Upper	5 pack
_____ PDS Beta .019 x .025 Size 36	Upper	5 pack
_____ PDS Beta .019 x .025 Size 38	Upper	5 pack

Looped Archwires for Extraction Cases

_____ PDS Beta .017 x .025 Size 22	Lower	5 pack
_____ PDS Beta .017 x .025 Size 24	Lower	5 pack
_____ PDS Beta .017 x .025 Size 26	Lower	5 pack
_____ PDS Beta .017 x .025 Size 32	Upper	5 pack
_____ PDS Beta .017 x .025 Size 34	Upper	5 pack
_____ PDS Beta .017 x .025 Size 36	Upper	5 pack
_____ PDS Beta .017 x .025 Size 38	Upper	5 pack

Springs & Auxiliaries

- _____ PDS Extension Springs 9 mm x 10 x 30
- _____ PDS Extension Springs 12 mm x 10 x 30
- _____ PDS Bite Turbo Mold Kit

Lingual

_____ PDS Lingual Brackets - 1 Patient Kit

Revision Date: 4-10-17
Order Number: MKF2003-B-0417

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