**Enclosed:** ☐ Impression ☐ Model ☐ Upper ☐ Lower

**Remove all attachments from model:** ☐ Yes ☐ No

**Duplicate models:** ☐ Yes ☐ No

**Return work models:** ☐ Yes ☐ No

## ☐ INDIRECT SERVICE

☐ Upper ☐ Clear

**☐ Tray Type** ☐ Lower ☐ Optisil

*Clear—For use with light-cure bonding adhesive.*
*Optisil—Ideal for use with self-cure bonding adhesive.*

## ☐ BRACKETS

**InVu® Ceramic Brackets Upper/Lower 5-5**

☐ Roth ☐ .018" ☐ .022"
☐ MBT ☐ .018" ☐ .022"

**Nu-Edge® Cobalt Chromium Brackets Upper/Lower 5-5**

☐ Roth ☐ .018" ☐ .022"
☐ MBT ☐ .018" ☐ .022"

**InVu Ceramic Upper 5-5 and Nu-Edge Cobalt Chromium Lower 5-5**

☐ Roth ☐ .018" ☐ .022"
☐ MBT ☐ .018" ☐ .022"

**Tip-Edge PLUS® Metal or Tip-Edge PLUS Ceramic Brackets**

☐ Tip-Edge PLUS Metal Brackets Upper/Lower 5-5
☐ Tip-Edge PLUS Ceramic Brackets Upper/Lower 5-5
☐ Tip-Edge PLUS Ceramic Upper 5-5 and Metal Lower 5-5

**NOTE IN SPECIAL INSTRUCTIONS IF HOOKS ARE REQUIRED.**

## ☐ MOLAR TUBES

**Ultra-Low Profile Molar Tubes**

☐ Roth ☐ .018" ☐ .022"
☐ MBT ☐ .018" ☐ .022"

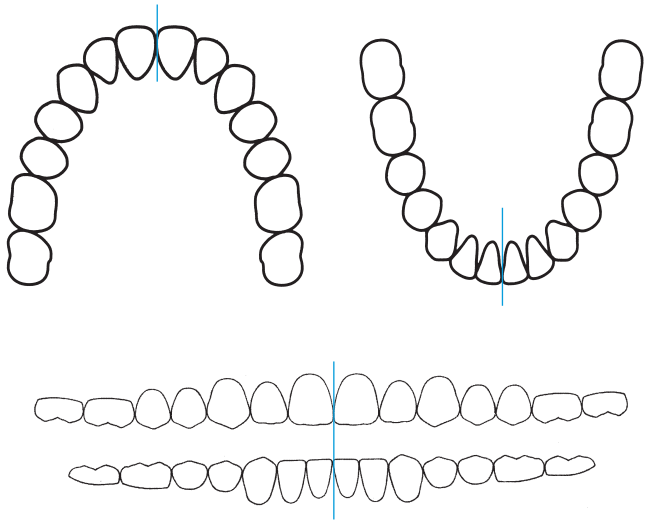
For use with the Tip-Edge PLUS System

**Combination Non-Convertible Slant Back with Easy-Out® Feature**

☐ UL ☐ LL
☐ UR ☐ LR

**Other, please specify:**

# Indirect Bonding Rx



**Right** ⟷ **Left**

## SPECIAL INSTRUCTIONS

**— RETURN WHITE AND GOLD COPY. RETAIN YELLOW COPY —**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☐ *This is my first case with TP Orthodontics.*

**ACCOUNT NO.** _____

Dr. _____

Address _____

_____

City _____

State _____

Zip _____ Phone ( ) _____

E-Mail _____

**Patient's Name** _____

Date Shipped to TPO _____ Date Required _____

## SHIPPING

☐ 1st Class ☐ UPS *(where available)* ☐ Overnight

| PLEASE DO NOT WRITE IN THIS SPACE | | | |
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**PLEASE SEND ADDITIONAL SUPPLIES**
*(Fill in address label only if additional material requested)*

Dr. _____

Address _____

City / State / Zip _____

☐ Appliance Rx ☐ HERBST Rx ☐ Shipping Boxes
☐ Set-up & Positioner Rx ☐ Perfector Rx ☐ Shipping Labels
☐ Model Sculpture Rx ☐ Indirect Bonding Rx ☐ Shipping Bags
☐ Originator Rx ☐ ARS *(UPS Return Label)*
☐ Other _____

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