

SPRING ALIGNERS Upper Lower

Without ext. Wire ext. (2 teeth) Acrylic ext. (2 teeth)

SPRING ALIGNER/HAWLEY COMBINATION Upper Lower

SPRING ALIGNER PLUS Upper Lower

Original Design 7-7 Mini Design 6-6

MEMO-RET Upper Lower

Memory Retainer: 1 2 3 4 5 6

HAWLEY RETAINER Upper Lower

Clasps Ball Arrow C L Eye
 Adams Other _____
Auxiliaries Springs Mini screw Micro screw
Labial Wire 2-2 3-3 4-4
SAL® (Self Activating Loops) Nickel Titanium Labial Wire Length
 Lab to determine Long Short
Pontic Tooth shade _____

ACTIVE APPLIANCES Upper Lower

Sagittal Nord Anterior bite plane
 Schwarz: 1 screw 3-Way: 1 screw Posterior bite plane
 Schwarz: 2 screws 3-Way: 3 screws

FUNCTIONAL APPLIANCES

Activator Type _____

Bionator To open No mid screw
 Corrector To close To maintain

Lehman Fränkel
 I II III IV V

SPLINTS Upper Lower

Hard Acrylic Gelb Flat plane Lock in bite
 Invisible Retainer Full occlusal Cuspid to cus.
(Vacuum Form) .020" .030" .040"
 1 mm soft 2 mm soft 3 mm soft

Note: Clasps cannot be placed in soft material. Please include wax bite or mark bite at desired position on the models.

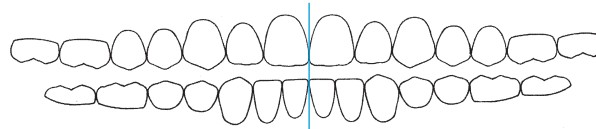
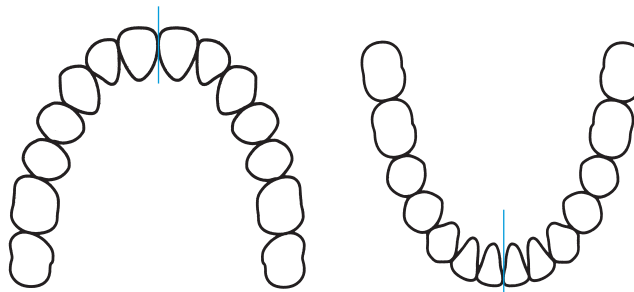
FIXED APPLIANCES Upper Lower

Lingual arches: 3-3 4-4 5-5 6-6
 Pendulum E-Appliance Blue Grass
 Space Maintainer Quad Helix Transpalatal Arch
 Space Regainer Hyrax R.P.E. Nance Holding Button
 Habit Haas R.P.E. G M D

INDIRECT SERVICE Upper Lower

Bond-A-Splint® (pads all teeth) 1-1 2-2 3-3 4-4
 Bondable Lingual Retainer (two pads) 1-1 2-2 3-3 4-4
 Bond-A-Bar Periodontal Splint (solid strip) 1-1 2-2 3-3 4-4
 Custom (special inst.) _____
Tray Type Optisil Clear No Tray

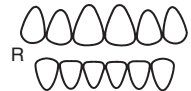
APPLIANCE Rx



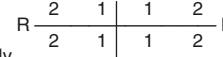
Right ← → Left

Enclosed: Impression Upper Lower Model
Remove all attachments from model: Yes No
Duplicate models: Yes No
Return work models: Yes No

STRIP TEETH
 None
 Strip 0. ____ mm from each tooth at contact points marked.



RESET TEETH
 None Over rotate
 Compromise Ideal
 Reset teeth circled Overcorrect labiolingually



TYPE OF ACRYLIC
 Pink Clear
 Pastel Palates® Color # _____ Decal # _____

SPECIAL INSTRUCTIONS

Mailing & Shipping
 100 Center Plaza
 La Porte, Indiana 46350-9672
 Phone: 800-348-8856
 219-785-2591

Mailing
 P.O. Box 742
 Lodi, California 95241-0742

Shipping
 130 N. Houston Lane
 Lodi, California 95240-2405
 Phone: 800-343-5997
 209-368-7545

www.tportho.com

This is my first case with TP Orthodontics.

ACCOUNT NO. _____

Dr. _____

Address _____

City _____

State _____

Zip _____ Phone () _____

E-Mail _____

Patient's Name _____

Date Shipped _____ Date
 to TPO _____ Required _____

SHIPPING

1st Class UPS (where available) Overnight

PLEASE DO NOT WRITE IN THIS SPACE			

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 ARS (UPS Return Label) Shipping Labels
 Model Sculpture Rx Shipping Bags
 Other _____