

**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  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  Wraparound  
 **Clear-Vu Bow**  3-3  4-4  Wraparound  
 **SAL®** (Self Activating Loops) **Nickel Titanium Labial Wire Length**  
 Long  Short  Lab to determine  
 **Add Labial Acrylic**  Pontic tooth shade \_\_\_\_\_

**ACTIVE APPLIANCES**  Upper  Lower  
 Schwarz  1 screw  2 screws  Anterior bite plane  
 Sagittal  1 screw  2 screws  3 screws  3-way screw  Posterior bite plane  
 Nord  SPI  ACCO  Jackson

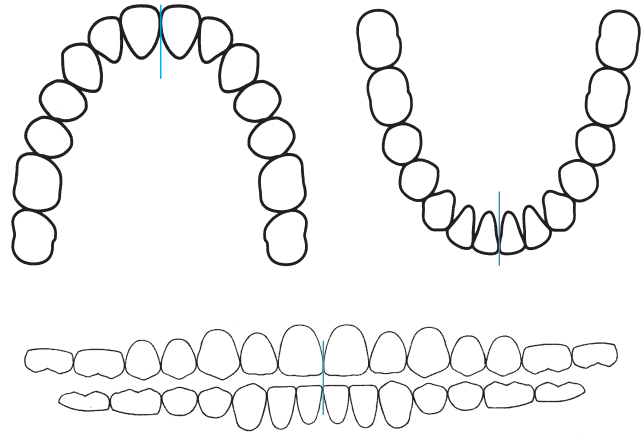
**FUNCTIONAL APPLIANCES**  
 Activator Type \_\_\_\_\_  
 **Bionator**  To open  No mid screw  
 **Corrector**  To close  To maintain  
 Lehman  Fränkel  
 I  II  III  IV  V

**SPLINTS**  Upper  Lower  
 Hard acrylic  Gelb  Flat plane  Lock in bite  
 Hard / Soft laminate  Full occlusal  Cuspid to cus.  
 Soft  1mm  2mm  3mm  4mm  5mm  
 Invisible retainer  .030"  .040"  
**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  Model  Upper  Lower  
**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**  Regular  FLEX-Palate®  
 Pink  Clear  
 Pastel Palates® Color # \_\_\_\_\_  Decal # \_\_\_\_\_

**SPECIAL INSTRUCTIONS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Instructions for digital/online prescription submissions can be found at [tportho.com/custom](http://tportho.com/custom)

This is my first case with TP Orthodontics.

**ACCOUNT NO.** \_\_\_\_\_  
 Dr. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 E-Mail \_\_\_\_\_

**Patient's Name** \_\_\_\_\_  
 Date Shipped \_\_\_\_\_ Date Required \_\_\_\_\_  
 to TPO \_\_\_\_\_

This custom-made device is manufactured to satisfy the design characteristics and properties specified by the prescribing doctor for this specific patient, and is intended for the exclusive use of the named patient.

**SHIPPING**  
 Ground  Second Day  Overnight  First Class

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  Perfector Rx  Shipping Labels  
 Model Sculpture  Indirect Bonding Rx  Shipping Bags  
 Originator Rx  Other \_\_\_\_\_