



# CUSTOM PERFECTOR®

## Prescription Rx

Made from translucent silicone

- SET-UP**
- Regular
  - Articulated
  - Yes
  - Immediate
  - Denar
  - Hanau
  - No
  - Partial
  - Sam
  - Whip-Mix
  - Panadent
  - Wafer bite

**SCULPTURING INSTRUCTIONS**

- Remove all attachments
- Retain first molar bands
- Retain lower 3-3 retainer
- Remove lower 3-3 retainer



**RESET**

- All teeth
  - Teeth circled
- |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|
| R | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | L |
|   | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |   |

**OVERBITE**

- Ideal (1-2 mm)
- Other \_\_\_\_\_

**OVERJET**

- Ideal (0 mm)
- Other \_\_\_\_\_

**ANTERIOR ROOT TORQUE**

- Upper
- Lower
- Same
- Same
- 2° Palatally
- 2° Lingually
- 2° Labially
- 2° Labially

**SPACES**

- Leave space between \_\_\_\_\_
- Close all
- Compromise

**IN CASE OF DISCREPANCY** *between upper and lower arches, I prefer:*

- Good Cl. I molar relation
- Space between cuspid/bicuspid
- Good Cl. I cuspid relation
- Space between lateral/cuspid

**OCCUSAL PLANE**

- Flat
- Curve of spee

**ARCH FORM**

- Ideal (*standard*)
- Approx. same
- Straight arch

**ARCH WIDTH**

- Upper
- Lower
- Same
- Same
- Expand \_\_\_\_\_mm
- Expand \_\_\_\_\_mm
- Constrict \_\_\_\_\_mm
- Constrict \_\_\_\_\_mm

**MODELS ENCLOSED**

- Recent, appliances off
- Original
- Appliances on
- Completed set-up

**IMPRESSIONS ENCLOSED**

- Appliances off
- Appliances on

**LABIAL WIRE** *with Acrylic Shield for maximum control and retention.*

- Cuspid to Cuspid
- Bicuspid to Bicuspid
- Other—indicate on drawing



**SEATING SPRINGS** *for positive seating and increased retention.*

- No
  - Yes (*Draw arrows to indicate location*)
- |   |   |   |   |   |  |   |   |   |   |   |
|---|---|---|---|---|--|---|---|---|---|---|
| R | 7 | 6 | 5 | 4 |  | 4 | 5 | 6 | 7 | L |
|   | 7 | 6 | 5 | 4 |  | 4 | 5 | 6 | 7 |   |

**END APPLIANCE DISTAL TO**

- Appliance should cover all teeth to prevent super-eruption.
- First molars
  - Second molars
  - Other \_\_\_\_\_

**HINGE AXIS**

- Use average
- Headplate enclosed
- Tracing enclosed
- Articulated Set-up (*See left column*)

**Note: Hinge-axis opening during construction should equal or surpass that of patient's freeway space. This maximizes patient comfort, helps insure continuous seating of lower arch and encourages exercise wearing.**

**MOLDED AIRWAYS**  No  Yes (*Freeway space must be 2-3 mm*)

**LOWER ANTERIOR RELIEF**

- Trim to allow for future use of lower Spring Aligner while wearing Perfector.
- Wax lingual of lower anteriors to allow for bonded 3-3 retainer.

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CENTRIC OCCLUSION BY**

- Backs parallel
- Wax bite
- Lines on buccal surfaces of molars

**RETURN CASE BY**

- FedEx Ground
- FedEx 2 Day
- Other \_\_\_\_\_

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TP Orthodontics, Inc.

**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			
500-100 <input type="checkbox"/>	500-106 <input type="checkbox"/>	400-600 <input type="checkbox"/>	400-800 <input type="checkbox"/>
408-610 <input type="checkbox"/>	508-700 <input type="checkbox"/>	400-700 <input type="checkbox"/>	400-850 <input type="checkbox"/>
500-104 <input type="checkbox"/>	508-800 <input type="checkbox"/>	400-900 <input type="checkbox"/>	
500-102 <input type="checkbox"/>	509-000 <input type="checkbox"/>	450-035 <input type="checkbox"/>	

**PLEASE SEND ADDITIONAL SUPPLIES**

*(Fill in address label only if additional material requested)*

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

- Appliance Rx
- Set-Up & Positioner Rx
- Model Sculpture
- Originator Rx
- HERBST Rx
- Perfector Rx
- Indirect Bonding Rx
- Other \_\_\_\_\_
- Shipping Boxes
- Shipping Labels
- Shipping Bags

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