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"

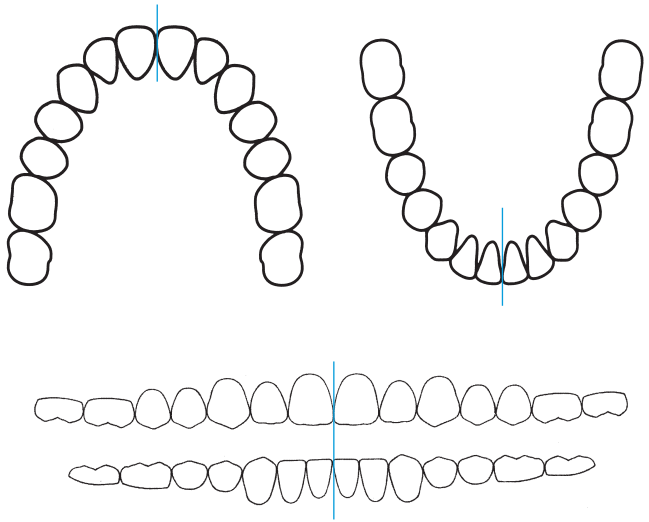
For use with the Tip-Edge PLUS System

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			

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 _____

996-429, Rev. 7/10
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