

- SET-UP**       Full set-up       Partial set-up  
 Compromised       Diagnostic; no appliance

**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       Same       2° Palatally       2° Labially  
 Lower       Same       2° Lingually       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       Good Cl. I cuspid relation  
 Space between cuspid/bicuspid       Space between lateral/cuspid

**OCCUSAL PLANE**

- Flat       Curve of spee

**ARCH FORM**

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

**ARCH WIDTH**

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

**BLOCK OUT LINGUAL RETAINER**

- Upper       1-1       2-2       3-3       4-4  
 Lower       1-1       2-2       3-3       4-4

**BLOCK OUT PONTICS WHERE NECESSARY**

- 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

**MODELS ENCLOSED**

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

**IMPRESSIONS ENCLOSED**

- Appliances off       Appliances on

**CENTRIC OCCLUSION BY**

- Backs parallel       Wax bite  
 Lines on buccal surfaces of molars

# SET-UP & POSITIONER Rx

**APPLIANCES**

- Positioner       Mini-Positioner       Refine™

**MATERIAL**

- Medium crystal-Flex®       Soft crystal-Flex®  
 White rubber       Black rubber  
 Positioner color \_\_\_\_\_

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

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

*Mini-Positioner will have seating springs between upper bicuspids and first molars unless specified differently.*

**HINGE AXIS**

- Use average       Headplate sent under separate cover  
 Tracing enclosed

**SOCKET LINERS** or  **SOCKET BRIDGES**

- No       No      R    2 1 | 1 2    L  
 Yes on teeth circled       Yes on teeth circled      R    2 1 | 1 2    L

**APPLIANCE HEIGHT**

- Normal       Low       High

**APPLIANCE THICKNESS**

- Normal       Thick       Thin

**MOLDED AIRWAYS** *included if not marked.*

- Yes       No

**END APPLIANCE DISTAL TO**

*Appliance should cover all teeth to prevent super-eruption.*

- First molars       Second molars  
 Other \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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"/>	400-100 <input type="checkbox"/>	406-100 <input type="checkbox"/>	400-600S <input type="checkbox"/>
500-300 <input type="checkbox"/>	400-200 <input type="checkbox"/>	406-200 <input type="checkbox"/>	400-601L <input type="checkbox"/>
500-102 <input type="checkbox"/>	400-500 <input type="checkbox"/>	406-500 <input type="checkbox"/>	400-000S <input type="checkbox"/>
500-106 <input type="checkbox"/>	401-100 <input type="checkbox"/>	406-700 <input type="checkbox"/>	400-000L <input type="checkbox"/>
614-001 <input type="checkbox"/>	401-200 <input type="checkbox"/>	407-100 <input type="checkbox"/>	400-800 <input type="checkbox"/>
	401-500 <input type="checkbox"/>	407-200 <input type="checkbox"/>	400-900 <input type="checkbox"/>
	408-501 <input type="checkbox"/>	407-500 <input type="checkbox"/>	400-850 <input type="checkbox"/>

**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  
 Refine Algrer Rx       Refine Finishing Rx  
 Originator Rx       Other \_\_\_\_\_