

ALIGNER FINISHING APPLIANCE Rx



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

DIGITAL FILE SUBMISSION

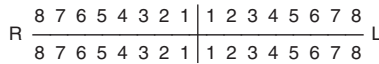
- Recent, appliances off
- Recent, with braces or composite attachments that need removal
- Completed set-up

MODELS ENCLOSED

IMPRESSIONS ENCLOSED

RESET

- All teeth
- Teeth circled
- No reset needed



BONDED LINGUAL RETAINER

- Block out space for bonded upper 2-2 retainer
- Block out space for bonded upper 3-3 retainer
- Block out space for lower 3-3 retainer
- No retainer

MOLARS ERUPTED

- First
- Second
- Third

VIEW AND APPROVE SET-UP ONLINE

- Yes
- No

HINGE AXIS

- Use average
- Headplate sent under separate cover
- Tracing enclosed

SPECIAL INSTRUCTIONS

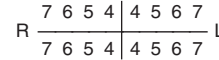
CLEAR

COLOR

- | | | | |
|--------------------------------|---------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> Green | <input type="checkbox"/> Purple | <input type="checkbox"/> Blue | <input type="checkbox"/> Rainbow |
| <input type="checkbox"/> Pink | <input type="checkbox"/> Orange | <input type="checkbox"/> Red | <input type="checkbox"/> Yellow |

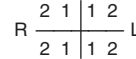
SEATING SPRINGS *for positive seating and increased retention.*

- No
- Yes *(Draw arrows to indicate location)*



SOCKET LINERS *for rotation correction*

- No
- Yes on teeth circled



SOCKET BRIDGES

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 _____

This is my first case with TP Orthodontics.

ACCOUNT NO. _____

Dr. _____

Address _____

City _____

State _____

Zip _____ Phone () _____

E-Mail (required) _____

Patient's Name _____

Date Shipped to TPO _____

Date Required

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.

PLEASE DO NOT WRITE IN THIS SPACE			

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