

# MODEL SCULPTURE



TP Orthodontics, Inc.

**Mailing & Shipping**

100 Center Plaza  
La Porte, Indiana 46350-9672  
Phone: 800-348-8856  
219-785-2591

Instructions for digital/online  
prescription submissions  
can be found at

[tportho.com/custom](http://tportho.com/custom)

Name, Date or Code to Appear on Model (please print or type)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unless specified, TPO will imprint name and date on upper, and name only on lower.

- Stamp imprint       Label

**CHECK TYPE OF SERVICE DESIRED** (see TPO catalog)

- A.  Pour-up alginate impressions, trim, sculpture, finish, soap, imprint and polish.  
B.  Duplicate models, add bases, trim, sculpture, finish, soap, imprint and polish.  
F.  Pour-up alginate impressions — trim and file only.  
G.  Economy service, pour-up impressions, trim, sculpture, imprint and polish.  
Quality of impressions is guideline for end results of sculpturing.  
Finished model height: 5-7 cm.  
H.  Make acrylic model from alginate impression.  
 one-color model       two-color model  
I.  Make acrylic model from patient's model.  
 one-color model       two-color model

**PURPOSE OF MODEL** (information needed for scheduling)

- Start     Progress     Finish     ABO     State Boards  
 Other \_\_\_\_\_

Send a copy of trimming instructions for all board cases.

**WAX BITE ENCLOSED**       Yes     No

**CENTRIC OCCLUSION**

- Backs of models trimmed parallel       Indicated by wax bite       Indicated by line on buccal surfaces

**TRIM MODELS** (see TPO catalog)

- Trim with wax bite in place       Old Tweed height 2 3/4" high       New Tweed height Base 1/3, Anatomy 2/3

**TYPE OF TRAYS ENCLOSED**

Upper \_\_\_\_\_ Lower \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**

- 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 \_\_\_\_\_

— RETURN WHITE AND PINK COPY. RETAIN YELLOW COPY. —