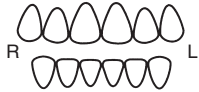


Submitted Digital Impression Model
 Upper Lower

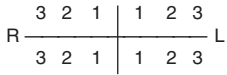
Remove all attachments from model: Yes No

TRAYS Upper Lower
 .030** .040"
 *.030" is the standard thickness.

STRIP TEETH
 None
 Strip 0. ___ mm from each tooth at contact points marked.



RESET TEETH
 None Over rotate
 Compromise Ideal
 Reset teeth circled Overcorrect labiolingually



VIEW AND APPROVE DIGITAL SET UP
 Yes – view final only
 Yes – all steps
 No

SPECIAL INSTRUCTIONS

TPO®
Aligner System Rx

View this case online
 at tportho.com/custom or call TPO®
 for assistance at **800-348-8856**.

SELECT ONE

BASIC 5
 (up to 5 trays per arch)

TOTAL 10
 (up to 10 trays per arch)

DIAGNOSTIC — without trays

MID-TREATMENT CORRECTION

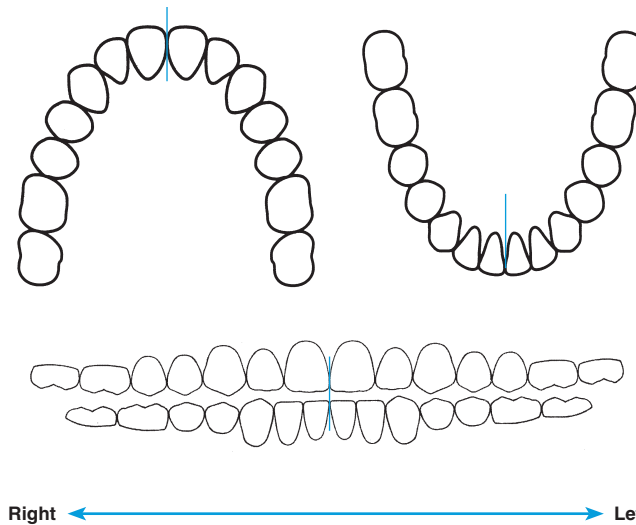
SELECT FINISHING APPLIANCE

NONE

SEMI-CUSTOM
 Seating Springs
 Yes No

CUSTOM
 Note: Please contact the lab when patient is ready for the finishing appliance. A **Finishing Appliance Rx** must be submitted.

NOTE: If a finishing appliance is requested, the Refine® Aligner System will be provided. Other cases will receive the Originator® Aligner System.



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

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			