

SUBMITTED

- Digital Impression Model
 Wax Bite (required for warranty)

- Upper
 Lower

TRAY OPTIONS

- Do not section tray
 Section at the midline
 Section distal to cuspids

BRACKETS

- | Brackets | Rx | Slot Size | Hooks |
|--|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> ClearVu® ceramic | <input type="checkbox"/> Roth | <input type="checkbox"/> .018" | <input type="checkbox"/> No hooks |
| <input type="checkbox"/> InVu® ceramic | <input type="checkbox"/> MBT | <input type="checkbox"/> .022" | <input type="checkbox"/> Hooks on cuspids |
| <input type="checkbox"/> Nu-Edge® metal | | | <input type="checkbox"/> Hooks on bicuspid |
| <input type="checkbox"/> Tip-Edge® PLUS ceramic | | | |
| <input type="checkbox"/> Tip-Edge PLUS metal | | | |
| <input type="checkbox"/> Upper Tip-Edge PLUS ceramic and lower Tip-Edge PLUS metal | | | |
| <input type="checkbox"/> Other (Contact Lab for availability) | | | |

BONDABLE MOLAR TUBES

- Yes No Specify _____

SPECIAL INSTRUCTIONS

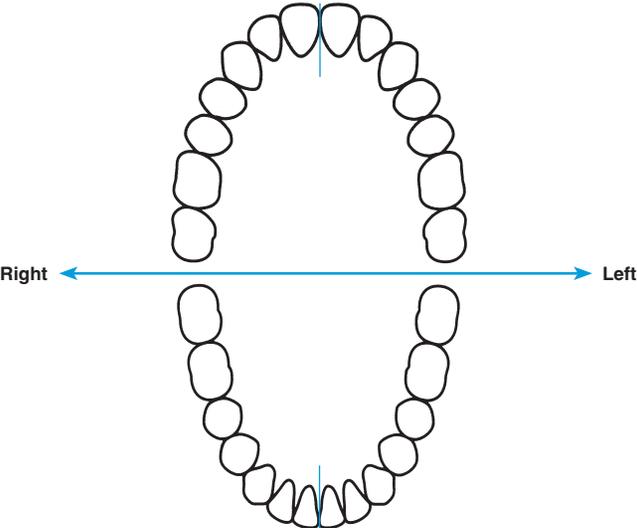
BRACKET HEIGHT PRESCRIPTION – Brackets are placed to avoid occlusal interference unless otherwise specified.

Custom Height															Custom Height
Standard Height	3.0mm	4.0mm	4.5mm	5.0mm	4.5mm	5.0mm	5.0mm	4.5mm	5.0mm	4.5mm	4.0mm	3.0mm	Standard Height		
Standard Height	3.0mm	3.5mm	4.0mm	4.5mm	4.0mm	4.0mm	4.0mm	4.0mm	4.5mm	4.0mm	3.5mm	3.0mm	Standard Height		
Custom Height														Custom Height	

INDIRECT BONDING Rx

All Indirect Bonding cases must be viewed and approved online before fabrication, regardless of case submission method. Email required to approve bracket placement.

View your Indirect Bonding set-up online at www.tportho.com/custom or call TPO® for assistance at 800-348-8856.



Mark teeth that are missing, will be extracted or will not be bonded with an "X".



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			