

- 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 $\frac{8\ 7\ 6\ 5\ 4\ 3\ 2\ 1}{8\ 7\ 6\ 5\ 4\ 3\ 2\ 1}$ | $\frac{1\ 2\ 3\ 4\ 5\ 6\ 7\ 8}{1\ 2\ 3\ 4\ 5\ 6\ 7\ 8}$ L

VIEW AND APPROVE SET-UP ONLINE

- Yes No

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 $\frac{8\ 7\ 6\ 5\ 4\ 3\ 2\ 1}{8\ 7\ 6\ 5\ 4\ 3\ 2\ 1}$ | $\frac{1\ 2\ 3\ 4\ 5\ 6\ 7\ 8}{1\ 2\ 3\ 4\ 5\ 6\ 7\ 8}$ L

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 Yes (*Draw arrows to indicate location*)
- R $\frac{7\ 6\ 5\ 4}{7\ 6\ 5\ 4}$ | $\frac{4\ 5\ 6\ 7}{4\ 5\ 6\ 7}$ 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

- No Yes on teeth circled
- R $\frac{2\ 1}{2\ 1}$ | $\frac{1\ 2}{1\ 2}$ 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

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"/>		406-700 <input type="checkbox"/>	400-000L <input type="checkbox"/>
614-001 <input type="checkbox"/>			400-800 <input type="checkbox"/>
			400-900 <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 _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Appliance Rx | <input type="checkbox"/> HERBST Rx | <input type="checkbox"/> Shipping Boxes |
| <input type="checkbox"/> Set-Up & Positioner Rx | <input type="checkbox"/> Perfector Rx | <input type="checkbox"/> Shipping Labels |
| <input type="checkbox"/> Model Sculpture | <input type="checkbox"/> Indirect Bonding Rx | <input type="checkbox"/> Shipping Bags |
| <input type="checkbox"/> Refine Algrer Rx | <input type="checkbox"/> Refine Finishing Rx | |
| <input type="checkbox"/> Originator Rx | <input type="checkbox"/> Other _____ | |