Submitted ☐ Digital ☐ Impression ☐ Model
☐ Upper ☐ Lower

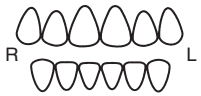
Remove all attachments from model: ☐ Yes ☐ No

☐ TRAYS

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

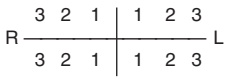
☐ STRIP TEETH

☐ 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 ONLINE SET UP

☐ Yes – view final only
☐ Yes – all steps
☐ No

REFINE®
Aligner System Rx

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

SELECT ALIGNER SYSTEM

☐ **Basic 5**
(up to 5 trays per arch)

☐ **Total 10**
(up to 10 trays per arch)

SELECT FINISHING APPLIANCE

☐ **NONE**

☐ **SEMI-CUSTOM**
Seating Springs
☐ Yes ☐ No

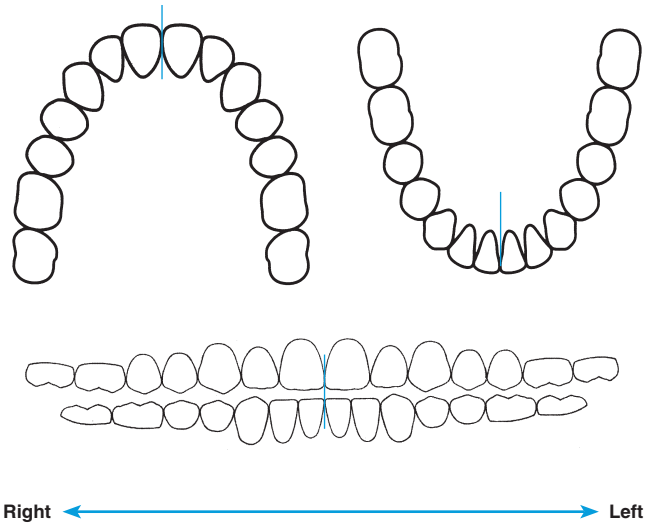
☐ **CUSTOM**
Note: Please contact the lab when patient is ready for the finishing appliance. A **Finishing Appliance Rx** must be submitted.

☐ **MID-TREATMENT CORRECTION**

☐ **DIAGNOSTIC** — *without trays*

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

☐ SPECIAL INSTRUCTIONS



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 (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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