

SPRING ALIGNERS Upper Lower
 Without ext. Wire ext. (2 teeth) Acrylic ext. (2 teeth)

SPRING ALIGNER / HAWLEY COMBINATION Upper Lower

SPRING ALIGNER PLUS Upper Lower
 Original Design 7-7 Mini Design 6-6

HAWLEY RETAINER Upper Lower

Clasps Ball Arrow/Anchor C L Eye
 Adams Other _____

Auxiliaries Springs Mini screw Micro screw

Labial Wire 2-2 3-3 4-4 Wraparound

Clear Bow 3-3 4-4 Wraparound

SAL® (Self Activating Loops)

Add Labial Acrylic Pontic tooth shade _____

ACTIVE APPLIANCES Upper Lower
 Schwarz 1 screw 2 screws Anterior bite plane
 Sagittal 1 screw 2 screws 3 screws 3-way screw Posterior bite plane

SPLINTS Upper Lower
 Hard acrylic Flat plane Lock in bite
 Hard / Soft laminate 2mm 3mm
 Soft 2mm 3mm
 Gelb
 Invisible retainer .030" .040" C+ (.040")

*Note: Clasps cannot be placed in soft material.
Please include wax bite or mark bite at desired position on the models.*

FIXED APPLIANCES Upper Lower

MAINTAINING / REGAINING
 Lingual arch 3-3 4-4 5-5 6-6
 Add soldered stops (indicate where)

Band and Loop Space Maintainer

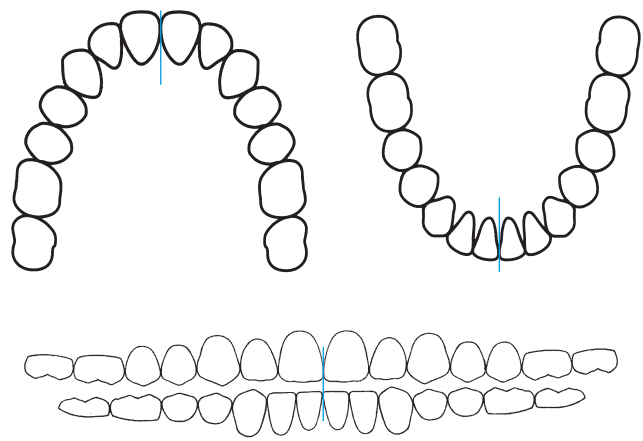
Nance Holding Arch Space Regainer
 Trans-Palatal Arch

EXPANSION / ARCH DEVELOPMENT
 E-Appliance Pendulum
 Haas Quad Helix
 Hyrax

HABIT
 Blue Grass Appliance
 Habit Appliance Tongue thrust Finger

INDIRECT SERVICE Upper Lower
 Bond-A-Splint® (pads all teeth) 1-1 2-2 3-3 4-4
 Bondable Lingual Retainer (two pads) 1-1 2-2 3-3 4-4
 Bond-A-Bar Periodontal Splint (solid strip) 1-1 2-2 3-3 4-4
 Custom (special inst.)
 Tray Type Clear No Tray

APPLIANCE Rx



Right ← → Left

Enclosed Scan Impression Model Upper Lower

Remove all attachments from model: Yes No

Duplicate models: Yes No

Return work models: Yes No

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
 Approve setup

TYPE OF ACRYLIC
 Pink Clear
 Pastel Palates® Color # _____ Decal # _____

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 _____

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			

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
 Aligner Rx Other _____