



- SET-UP** Yes No
 Regular Immediate Partial

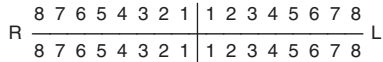
SCULPTURING INSTRUCTIONS

- Remove all attachments
- Retain first molar bands
- Retain lower 3-3 retainer
- Remove lower 3-3 retainer



RESET

- All teeth
- Teeth circled



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

OCCLUSAL 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

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

--	--	--	--	--	--	--	--

PERFECTOR® Rx

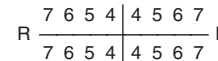
LABIAL WIRE *with Acrylic Shield for maximum control and retention.*

- Cuspid to Cuspid
- Bicuspid to Bicuspid
- Other—indicate on drawing



SEATING SPRINGS *for positive seating and increased retention.*

- No
- Yes (*Draw arrows to indicate location*)



END APPLIANCE DISTAL TO

- Appliance should cover all teeth to prevent super-eruption.
- First molars Second molars Other _____

HINGE AXIS

- Use average Tracing enclosed
- Headplate enclosed Articulated Set-up (*See left column*)

Note: Hinge-axis opening during construction should equal or surpass that of patient's freeway space. This maximizes patient comfort, helps insure continuous seating of lower arch and encourages exercise wearing.

MOLDED AIRWAYS No Yes (*Freeway space must be 2-3 mm*)

LOWER ANTERIOR RELIEF

- Trim to allow for future use of lower Spring Aligner while wearing Perfector.
- Wax lingual of lower anteriors to allow for bonded 3-3 retainer.

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			
500-100 <input type="checkbox"/>	500-106 <input type="checkbox"/>	400-900 <input type="checkbox"/>	400-800 <input type="checkbox"/>
408-610 <input type="checkbox"/>		400-601 <input type="checkbox"/>	400-850 <input type="checkbox"/>
500-104 <input type="checkbox"/>			614-001 <input type="checkbox"/>
500-102 <input type="checkbox"/>			

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
- Refine Algrn Rx Refine Finishing Rx
- Originator Rx Other _____

Perfector is a registered trademark of TP Orthodontics, Inc.