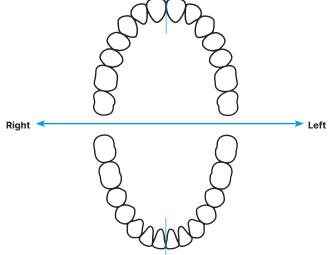
□ SUBMITTED	□ Digital	☐ Impression (Impressions a	
□ Upper □ Lower		will be digitized.)	
☐ TRAY OPTIONS			
\square Do not section tray			
☐ Section at the midlin			
☐ Section distal to cus	spids		
□ BRACKETS - Select	1 Option per	Column	
Brackets	Rx	Slot Size	Hooks
☐ ClearVu® ceramic	☐ Roth	□ .018"	☐ No hooks
☐ InVu® mini ceramic	☐ MBT	□ .022"	☐ Hooks on
☐ InVu® ceramic			cuspids
☐ Nu-Edge® metal			☐ Hooks on bicuspids
☐ Nu-Edge SL® metal☐ Tip-Edge® PLUS cer	amic		bicuspius
☐ Tip-Edge PLUS met			
☐ Upper Tip-Edge PLU		nd lower Tip-Ed	ge PLUS metal
☐ Other (Contact Lab for	r availability)		-
□ BONDABLE MOLAR	TUBES		
□ Yes □ No			
☐ SPECIAL INSTRUC	TIONS		
RDACKET HEIGHT DD	ECCDIDTIO	N - Prockets or	a placed to sucid

INDIRECT BONDING RX

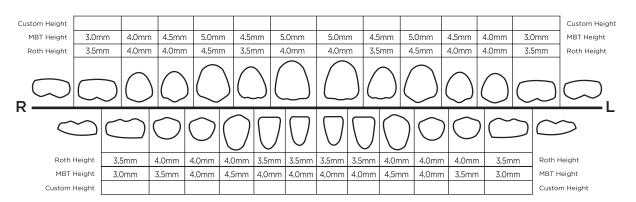
All Indirect Bonding cases must be viewed and approved online before fabrication, regardless of case submission method. Email required to approve bracket placement.

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". Comments:

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





Mailing & Shipping

100 Center Plaza La Porte, Indiana 46350-9672 USA Phone: 800-348-8856

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						
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					