

- 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 | 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 | L |
|   | 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 |   |

- 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**
- Close all
  - Compromise
  - Leave space between \_\_\_\_\_

- 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

- 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 | 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 | L |
|   | 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 |   |

# SET-UP & POSITIONER Rx

- APPLIANCES**
- Positioner
  - Mini-Positioner
  - Refine®

- MATERIAL**
- Medium crystal-Flex®
  - Soft crystal-Flex®
  - White rubber
  - Black rubber

- SEATING SPRINGS** *for positive seating and increased retention.*
- No
  - Yes (*Draw arrows to indicate location*)
- |   |         |         |   |
|---|---------|---------|---|
| R | 7 6 5 4 | 4 5 6 7 | L |
|   | 7 6 5 4 | 4 5 6 7 |   |
- 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 | 2 1 | 1 2 | L |
|   | 2 1 | 1 2 |   |

- 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**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**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](http://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 \_\_\_\_\_  
 to TPO \_\_\_\_\_ 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.**

- 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 \_\_\_\_\_

- Appliance Rx
- Set-Up & Positioner Rx
- Model Sculpture
- Refine Algnr Rx
- Other \_\_\_\_\_
- HERBST Rx
- Perfector Rx
- Indirect Bonding Rx
- Refine Finishing Rx
- Shipping Boxes
- Shipping Labels
- Shipping Bags

