Submitted  Remove all attachments	□ Digital □ Upper	☐ Impression ☐ Model ☐ Lower	REFINE®		
from model:	□ Yes	□ No	Aligner S	ystem Rx	
□ TRAYS	☐ Upper☐ .030"* *.030" is the	☐ Lower ☐ .040" standard thickness.	View this case online at <b>tportho.com/custom</b> or call TPO° for assistance at <b>800-348-8856</b> .		
□ STRIP TEETH □ None					
	n each tooth at contact points marked.		SELECT ALIGNER SYSTEM  □ Basic 5  (up to 5 trays per arch)	☐ <b>Total 10</b> (up to 10 trays per arch)	
			SELECT FINISHING APPLIANCE		
□ RESET TEETH □ None	□ Over rotate		□ NONE	□ CUSTOM  Note: Please contact the	
☐ Compromise ☐ Reset teeth circled	□ Ideal □ Overcorrect labiolingually  R 3 2 1   1 2 3	□ SEMI-CUSTOM Seating Springs □ Yes □ No	lab when patient is ready for the finishing appliance. A <b>Finishing Appliance Rx</b> must be submitted.		
	3 2 1   1 2 3		☐ MID-TREATMENT CORRECTION		
□ VIEW AND APPROVE SET-UP ONLINE □ Yes – view final only □ Yes – all steps □ No			□ <b>DIAGNOSTIC</b> — without trays		
			NOTE: If a finishing appliance is requested, the Refine® Aligner System will be provided.		
□ SPECIAL INSTRUC	TIONS				

Right <



## Mailing & Shipping

100 Center Plaza prescription subtle La Porte, Indiana 46350-9672 USA can be found at

Phone: 800-348-8856 219-785-2591 Instructions for digital/online prescription submissions can be found at

## tportho.com\custom

TP Orthodontics.	
Phone	
Data	
Required	
	Phone

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						
670-	310 🗆		670-349 🗆				
670-3	320 🗆						

Left