Submitted Remove all attachments from model:	☐ Digital☐ Upper☐ Yes	☐ Impression ☐ Model ☐ Lower	REF Aligner Sy		
nom model.	□ 163	LI NO	7 mg.131 3	, 515	
□ TRAYS	□ Upper □ .030"* *.030" is the	☐ Lower ☐ .040" standard thickness.	View this case online at tportho.com/custom or call TPO® for assistance at 800-348-8856 .		
□ STRIP TEETH			_		
☐ None ☐ Strip 0 mm from each tooth at contact points marked.			SELECT ALIGNER SYSTEM		
	R 000000 L		□ Basic 5 (up to 5 trays per arch)	☐ Total 10 (up to 10 trays per arch	
			SELECT FINISHING APPLIANCE		
□ RESET TEETH □ None □ Compromise □ Reset teeth circled	□ Over rotate □ Ideal □ Overcorrect labiolingually R 3 2 1 1 2 3 3 2 1 1 2 3 L		□ NONE	CUSTOM Note: Please contact the	
			□ SEMI-CUSTOM Seating Springs □ Yes □ No	lab when patient is ready for the finishing appliance A Finishing Appliance Rx must be submitted.	
			☐ MID-TREATMENT CORRECTION		
□ VIEW AND APPROVE SET-UP ONLINE □ Yes – view final only □ Yes – all steps □ No			□ DIAGNOSTIC — without trays NOTE: If a finishing appliance is requested, the Refine® Aligner System will be provided.		
SPECIAL INSTRUCT	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

☐ This is my first case with TP Orthodontics.					
ACCOUNT NO					
Dr					
Address					
City					
State					
Zip	Phone				
E-Mail (required)					
E-Mail (required)					
Patient's Name					
Date Shipped to TPO	Date Required				
to IPU	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						
670-310 □		690-049 □				
670-320 □						

Left