

# ALIGNER FINISHING APPLIANCE Rx

 **DIGITAL FILE SUBMISSION**

- Recent, appliances off
- Recent, with braces or composite attachments that need removal
- Completed set-up

 **MODELS ENCLOSED** **IMPRESSIONS ENCLOSED** **RESET**

- All teeth
  - Teeth circled
  - No reset needed
- 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

 **BLOCK OUT LINGUAL RETAINER**

- Upper       1-1    2-2    3-3    4-4
- Lower       1-1    2-2    3-3    4-4

 **HINGE AXIS**

- Use average       Headplate sent under separate cover
- Tracing enclosed

 **SPECIAL INSTRUCTIONS**

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View this case online  
at [tportho.com/custom](https://tportho.com/custom) or call TPO®  
for assistance at **800-348-8856**.

 **APPLIANCES**

- Mini-Positioner (small)
- Refine® Aligner Finishing Appliance (smallest)

 **MATERIAL**

- Medium crystal-Flex® – Aligner Finishing Appliances are made from medium crystal-Flex material.

 **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

 **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 \_\_\_\_\_



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](https://tportho.com/custom)

This is my first case with TP Orthodontics.

**ACCOUNT NO.** \_\_\_\_\_

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

**E-Mail (required)** \_\_\_\_\_

Patient's Name \_\_\_\_\_

Date Shipped  
to TPO® \_\_\_\_\_

<b>Date Required</b> _____
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**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**

500-100 <input type="checkbox"/>	400-601 <input type="checkbox"/>	400-000S <input type="checkbox"/>	
614-100 <input type="checkbox"/>	400-850 <input type="checkbox"/>	400-000L <input type="checkbox"/>	
	400-900 <input type="checkbox"/>		
	406-700 <input type="checkbox"/>		