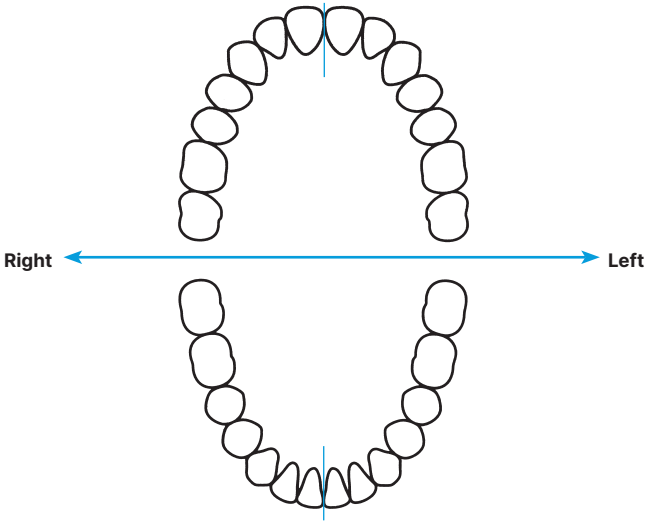
INDIRECT BONDING Rx

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:

☐ SUBMITTED

☐ Digital ☐ Impression ☐ Model
(Impressions and models will be digitized.)

☐ Upper
☐ Lower

☐ TRAY OPTIONS

☐ Do not section tray
☐ Section at the midline
☐ Section distal to cuspids

☐ BRACKETS – Select 1 Option per Column

Brackets	Rx	Slot Size	Hooks
☐ ClearVu® ceramic	☐ Roth	☐ .018"	☐ No hooks
☐ InVu® mini ceramic	☐ MBT	☐ .022"	☐ Hooks on cuspids
☐ InVu® ceramic			☐ Hooks on bicuspids
☐ Nu-Edge® metal			
☐ Nu-Edge SL® metal			
☐ Tip-Edge® PLUS ceramic			
☐ Tip-Edge PLUS metal			
☐ Upper Tip-Edge PLUS ceramic and lower Tip-Edge PLUS metal			

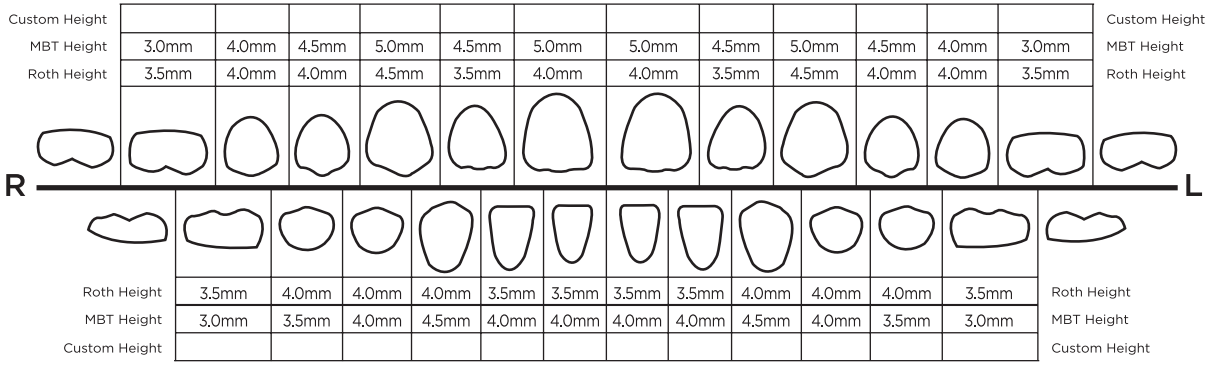
☐ BONDABLE MOLAR TUBES

☐ Yes ☐ No Specify _____

☐ SPECIAL INSTRUCTIONS

_____
_____
_____
_____
_____
_____
_____
_____
_____

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



Custom Height													Custom Height
MBT Height	3.0mm	4.0mm	4.5mm	5.0mm	4.5mm	5.0mm	5.0mm	4.5mm	5.0mm	4.5mm	4.0mm	3.0mm	MBT Height
Roth Height	3.5mm	4.0mm	4.0mm	4.5mm	3.5mm	4.0mm	4.0mm	3.5mm	4.5mm	4.0mm	4.0mm	3.5mm	Roth Height

Roth Height	3.5mm	4.0mm	4.0mm	4.0mm	3.5mm	3.5mm	3.5mm	3.5mm	4.0mm	4.0mm	4.0mm	3.5mm	Roth Height
MBT Height	3.0mm	3.5mm	4.0mm	4.5mm	4.0mm	4.0mm	4.0mm	4.0mm	4.5mm	4.0mm	3.5mm	3.0mm	MBT Height
Custom Height													Custom Height

TIP-EDGE PLUS – Brackets are placed at recommended jig height.

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

☐ *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 _____

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			
661-008 ☐			
661-009 ☐			

996-429ENG, Rev. 1 / 11.23

© 2023 TP Orthodontics, Inc.