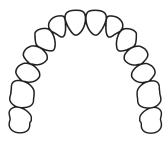
□ FLIP-LOCK® F	HERBST®					
□ Upper	☐ Crowns	□ Bands □ E		□ Both		
□ Lower	☐ Crowns	☐ Bands [		□ Both		
Refer to the draw	wing for specifi	cs.				
□ Type I	☐ With archwire slot ☐ Without archwire slot			archwire slot		
Includes cantile	/er arm.					
□ Type II	☐ With archw	ire slot	☐ Without	archwire slot		
Does not include	e cantilever arm	).				
☐ ACCESSORIE	S FOR THE F	LIP-LO	CK <sup>®</sup> HERB	ST <sup>®</sup>		
☐ Hyrax R.P.E.		☐ Upper		☐ Lower		
☐ Lingual Arch	☐ Upper		er	☐ Lower		
☐ Transpalatal Arch Bar / T.P.A.						
□ Crimpable Spacers □ 1 mm □ 2 mm □ 3 mm						
□ 4 mm □ 5 mm						
□ Occlusal Rest Wire						
□ CROWN ADJUSTMENTS						
□ Add vent holes □ Add vertical slots □ Trim crown height						
Al-A- Bloom and a second state of the second						
Note: Please enclose a wax bite to indicate where we should cut						
the tube arms.						
□ ENCLOSED						
☐ Impression	□ Upper	□ Low	/or	□ Both		
□ Impression □ Model	□ Upper	□ Low		□ Both		
⊔ Model □ Wax Bite	□ opper	L LOW	/CI	LI BUIII		
□ WAX DILE						

## FLIP-LOCK® HERBST® Appliance Rx

Please use diagram to indicate placement of HERBST components, including accessories, bands, crowns and occlusal rests.



Right Left



☐ SPECIAL INSTRUCTIONS		



**Mailing & Shipping** 

100 Center Plaza

Instructions for digital/online prescription submissions

La Porte, Indiana 46350-9672 USA Phone: 800-348-8856		can be found at		
	48-8856 85-2591	tportho.com\custon		
☐ This is my fii	st case with TP Ortho	odontics.		
ACCOUNT N	0			
Dr				
Address				
City				
State				
Zip	Phone			
E-Mail				
	······································			
Patient's Name Date Shipped to TPO This custom-m teristics and pr	Dat Rec nade device is manufa	equiredctured to satisf	y the design charac	
Patient's Name Date Shipped to TPO This custom-m teristics and pr	Dat  Rec	equiredctured to satisf	y the design charac	
Patient's Name Date Shipped to TPO This custom-interistics and production patient, and production of the state of th	Dat Rec nade device is manufa	e quired actured to satisf the prescribing exclusive use of	y the design charac I doctor for this spe- If the named patient.	
Patient's Name Date Shipped to TPO This custom-m teristics and pr cific patient, ar SHIPPING Ground	Dat Rec nade device is manufa operties specified by Id is intended for the e	equired	y the design charac J doctor for this spe- the named patient.	
Patient's Name Date Shipped to TPO This custom-m teristics and pr cific patient, ar SHIPPING Ground	Dat Rec nade device is manufa operties specified by id is intended for the o	equired	y the design charac J doctor for this spe- the named patient.	
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Patient's Name Date Shipped to TPO This custom-m teristics and pr cific patient, ar SHIPPING Ground	Dat Rec nade device is manufa operties specified by id is intended for the o	equired	y the design charac J doctor for this spe- the named patient.	
Patient's Name Date Shipped to TPO This custom-m teristics and pr cific patient, ar SHIPPING Ground	Dat Rec nade device is manufa operties specified by id is intended for the o	equired	y the design charac J doctor for this spe- the named patient.	

Dr		
Address		
City / State / Zip		
☐ Appliance Rx ☐ Set-Up & Positioner Rx ☐ Other	11 5 5	☐ Shipping Labels
996-447 Pev 3 - 11/23		@ 2023 TP Orthodontics Inc

<sup>\*</sup> Flip-Lock is a registered trademark of TP Orthodontics, Inc. HERBST is a registered trademark of Dentaurum Corp.