

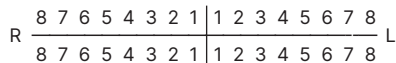
- SET-UP** Yes No
 Regular Immediate Partial

SCULPTURING INSTRUCTIONS

- Remove all attachments
 Retain first molar bands
 Retain lower 3-3 retainer
 Remove lower 3-3 retainer

RESET

- All teeth
 Teeth circled



VIEW AND APPROVE SET-UP ONLINE

- Yes No

OVERBITE

- Ideal (1-2 mm) Other _____

OVERJET

- Ideal (0 mm) Other _____

ANTERIOR ROOT TORQUE

- Upper Same 2° Palatally 2° Labially
 Lower Same 2° Lingually 2° Labially

SPACES

- Leave space between _____
 Close all Compromise

IN CASE OF DISCREPANCY *between upper and lower arches, I prefer:*

- Good Cl. I molar relation Good Cl. I cuspid relation
 Space between cuspid/bicuspid Space between lateral/cuspid

OCCUSAL PLANE

- Flat Curve of spee

ARCH FORM

- Ideal (*standard*) Approx. same Straight arch

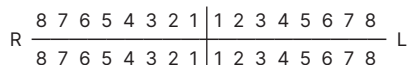
ARCH WIDTH

- Upper Same Expand ____mm Constrict ____mm
 Lower Same Expand ____mm Constrict ____mm

BLOCK OUT LINGUAL RETAINER

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

BLOCK OUT PONTICS WHERE NECESSARY



PERFECTOR® Rx

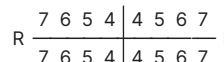
LABIAL WIRE *with Acrylic Shield for maximum control and retention.*

- Cuspid to Cuspid
 Bicuspid to Bicuspid
 Other—indicate on drawing



SEATING SPRINGS *for positive seating and increased retention.*

- No
 Yes (*Draw arrows to indicate location*)



END APPLIANCE DISTAL TO

- Appliance should cover all teeth to prevent super-eruption.
 First molars Second molars Other _____

HINGE AXIS

- Use average Tracing enclosed
 Headplate enclosed Articulated Set-up (*See left column*)

Note: Hinge-axis opening during construction should equal or surpass that of patient's freeway space. This maximizes patient comfort, helps insure continuous seating of lower arch and encourages exercise wearing.

MOLDED AIRWAYS No Yes (*Freeway space must be 2-3 mm*)

LOWER ANTERIOR RELIEF

- Trim to allow for future use of lower Spring Aligner while wearing Perfector.
 Wax lingual of lower anteriors to allow for bonded 3-3 retainer.

SPECIAL INSTRUCTIONS

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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 _____

Patient's Name _____

Date Shipped _____ Date to TPO _____
 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.

SHIPPING

- Ground Second Day Overnight First Class

PLEASE DO NOT WRITE IN THIS SPACE			
500-100 <input type="checkbox"/>	500-106 <input type="checkbox"/>	400-900 <input type="checkbox"/>	400-800 <input type="checkbox"/>
408-610 <input type="checkbox"/>		400-601L <input type="checkbox"/>	400-850 <input type="checkbox"/>
500-104 <input type="checkbox"/>		400-600S <input type="checkbox"/>	614-001 <input type="checkbox"/>
500-102 <input type="checkbox"/>			

PLEASE SEND ADDITIONAL SUPPLIES
(Fill in address label only if additional material requested)

Dr. _____

Address _____

City / State / Zip _____

- Appliance Rx Shipping Boxes Shipping Labels
 Set-Up & Positioner Rx Shipping Bags
 Other _____