

# TPRX™ Scan/Archive Form



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)

**DIGITAL FILE SUBMISSION**

**MODELS ENCLOSED**

**IMPRESSIONS ENCLOSED**

**SCANS REQUESTED**

- Upper  Lower

**FILES TO UPLOAD**

- Upper  Lower  Occluded Models

**SHIP MODELS/IMPRESSIONS BACK? (SHIPPING COSTS APPLY)**

- Yes  No

**SPECIAL INSTRUCTIONS**

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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			
614-003 <input type="checkbox"/>			
<b>Rx#</b>			

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

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

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Download prescription forms at [tportho.com/custom](https://tportho.com/custom)

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