FLIP-LOCK® HERBST®

Appliance Prescription Rx

☐ FLIP-LOCK® HERBST®

☐ **Upper** ☐ Crowns ☐ Bands ☐ Both
☐ **Lower** ☐ Crowns ☐ Bands ☐ Both
Refer to the drawing for specifics.

☐ **Type I** ☐ With archwire slot ☐ Without archwire slot
Includes cantilever arm.
☐ **Type II** ☐ With archwire slot ☐ Without archwire slot
Does not include cantilever arm.

☐ ACCESSORIES FOR THE FLIP-LOCK® HERBST®

☐ **Hyrax R.P.E.** ☐ Upper ☐ Lower
☐ **Lingual Arch** ☐ Upper ☐ Lower
☐ **Transpalatal Arch Bar / T.P.A.**
☐ **Quadhelix**
☐ **Crimpable Spacers** ☐ 1 mm ☐ 2 mm ☐ 3 mm ☐ 4 mm ☐ 5 mm
☐ **Occlusal Rest Wire**

☐ CROWN ADJUSTMENTS

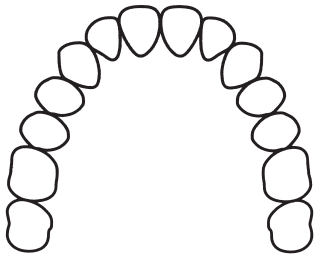
☐ Add vent holes ☐ Add vertical slots ☐ Trim crown height

Note: Please enclose a wax bite to indicate where we should cut the tube arms.

☐ ENCLOSED

☐ **Impression** ☐ Upper ☐ Lower ☐ Both
☐ **Model** ☐ Upper ☐ Lower ☐ Both
☐ **Wax Bite**

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



Right **Left**

☐ SPECIAL INSTRUCTIONS

* Flip-Lock is a registered trademark of TP Orthodontics, Inc. HERBST is a registered trademark of Dentaurum Corp.

— RETURN WHITE AND GREEN COPY. RETAIN YELLOW COPY. —

TP Orthodontics, Inc.

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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 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.

SHIPPING

☐ Ground ☐ Second Day ☐ Overnight ☐ First Class

PLEASE DO NOT WRITE IN THIS SPACE			

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

Dr. _____

Address _____

City / State / Zip _____

☐ Appliance Rx ☐ HERBST Rx ☐ Shipping Boxes
☐ Set-Up & Positioner Rx ☐ Perfector Rx ☐ Shipping Labels
☐ Model Sculpture ☐ Indirect Bonding Rx ☐ Shipping Bags
☐ Originator Rx ☐ Other _____

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