

SPRING ALIGNERS Upper Lower
 Without ext. Wire ext. (2 teeth) Acrylic ext. (2 teeth)

SPRING ALIGNER/HAWLEY COMBINATION Upper Lower

SPRING ALIGNER PLUS Upper Lower
 Original Design 7-7 Mini Design 6-6

MEMO-RET Upper Lower
 Memory Retainer: 1 2 3 5 6

HAWLEY RETAINER Upper Lower
Clasps Ball Arrow C L Eye
 Adams Other _____
Auxiliaries Springs Mini screw Micro screw
 Labial Wire 2-2 3-3 4-4 Wraparound
 Clear-Vu Bow 3-3 4-4 Wraparound
 SAL® (Self Activating Loops) **Nickel Titanium Labial Wire Length**
 Long Short Lab to determine
 Add Labial Acrylic Pontic tooth shade _____

ACTIVE APPLIANCES Upper Lower
 Schwarz 1 screw 2 screws Anterior bite plane
 Sagittal 1 screw 2 screws 3 screws 3-way screw Posterior bite plane
 Nord SPI ACCO Jackson

FUNCTIONAL APPLIANCES
 Activator Type _____
 Bionator To open No mid screw
 Corrector To close To maintain
 Lehman Fränkel
 I II III IV V

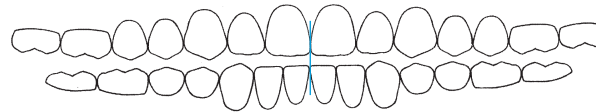
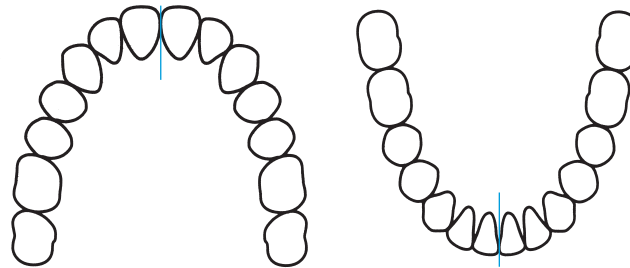
SPLINTS Upper Lower
 Hard acrylic Gelb Flat plane Lock in bite
 Hard / Soft laminate Full occlusal Cuspid to cus.
 Soft 1mm 2mm 3mm 4mm 5mm
 Invisible retainer .020" .030" .040"
Note: Clasps cannot be placed in soft material.
Please include wax bite or mark bite at desired position on the models.

FIXED APPLIANCES Upper Lower
 Lingual arches: 3-3 4-4 5-5 6-6
 Pendulum E-Appliance Blue Grass
 Space Maintainer Quad Helix Transpalatal Arch
 Space Regainer Hyrax R.P.E. Nance Holding Button
 Habit Haas R.P.E. G M D

INDIRECT SERVICE Upper Lower
 Bond-A-Splint® (pads all teeth) 1-1 2-2 3-3 4-4
 Bondable Lingual Retainer (two pads) 1-1 2-2 3-3 4-4
 Bond-A-Bar Periodontal Splint (solid strip) 1-1 2-2 3-3 4-4
 Custom (special inst.)
 Tray Type Optisil Clear No Tray

APPLIANCE

Prescription Rx



Right ← _____ → Left

Enclosed Impression Model Upper Lower
Remove all attachments from model: Yes No
Duplicate models: Yes No
Return work models: Yes No

STRIP TEETH
 None
 Strip 0. ___ mm from each tooth at contact points marked.

RESET TEETH
 None Over rotate
 Compromise Ideal
 Reset teeth circled Overcorrect labiolingually

TYPE OF ACRYLIC Regular FLEX-Palate®
 Pink Clear
 Pastel Palates® Color # _____ Decal # _____

SPECIAL INSTRUCTIONS



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 Required _____
 to TPO _____

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 _____