TPRX[™] Scan/Archive Form

□ WHAT ARE YOU SEI	NDING TO THE LAB	?	
☐ Impression	☐ Model	☐ Other	
□ SCANS REQUESTE	D		
□ Upper	□ Lower		
☐ FILES TO UPLOAD			
□ Upper	□ Lower	☐ Occluded Models	
□ SHIP MODELS/IMPF	RESSIONS BACK? (S	SHIPPING COSTS APPLY)	
□ Yes	□ No		
☐ SPECIAL INSTRUCT	TIONS		
			1



Mailing & Shipping

100 Center Plaza La Porte, Indiana 46350-9672 USA

Instructions for digital/online prescription submissions can be found at

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□ This	is my first ca	ase with TF	Orthod	ontics.		
ACCO	UNT NO.					
Dr						
Address	S					
City						
E-Mail						
	's Name					
Date Sh			Dat			
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