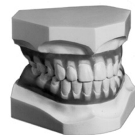
☐ SET-UP
☐ Yes ☐ No
☐ Regular ☐ Diagnostic ☐ Immediate ☐ Partial
☐ Articulated ☐ Denar ☐ Sam ☐ Panadent
☐ Hanau ☐ Whip-Mix ☐ Wafer bite

☐ SCULPTURING INSTRUCTIONS


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

☐ RESET
☐ All teeth
☐ Teeth circled

R	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	L
	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	

☐ 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
☐ Close all ☐ Compromise
☐ Leave space between _______________

☐ 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

☐ OCCLUSAL 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

☐ WAX IN LINGUAL RETAINER
☐ Upper ☐ 1-1 ☐ 2-2 ☐ 3-3 ☐ 4-4
☐ Lower ☐ 1-1 ☐ 2-2 ☐ 3-3 ☐ 4-4

☐ WAX IN PONTICS WHERE NECESSARY

R	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	L
	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	

☐ MODELS ENCLOSED
☐ Recent, appliances off ☐ Original ☐ Appliances on
☐ Completed set-up

☐ IMPRESSIONS ENCLOSED
☐ Appliances off ☐ Appliances on

☐ CENTRIC OCCLUSION BY
☐ Backs parallel ☐ Wax bite
☐ Lines on buccal surfaces of molars

SET-UP & POSITIONER
Prescription Rx
☐ Set-up only, no appliance

☐ APPLIANCES
☐ Yes ☐ No
☐ Positioner ☐ Mini-Positioner
☐ Gingival conditioner ☐ Bruxism appliance
☐ Varsity Guard® ☐ With strap ☐ Without strap

☐ MATERIAL
☐ Black rubber ☐ White rubber ☐ Silicone
☐ Soft crystal-Flex® ☐ Hard Impak
☐ Medium crystal-Flex® ☐ Soft Impak
☐ Pastel Palates® positioner color _______________

☐ SEATING SPRINGS *for positive seating and increased retention.*
☐ No
☐ Yes *(Draw arrows to indicate location)*

R	7 6 5 4	4 5 6 7	L
	7 6 5 4	4 5 6 7	

Position-ette will have seating springs between upper bicuspids and first molars unless specified differently.

☐ HINGE AXIS
☐ Use average ☐ Headplate sent under separate cover
☐ Tracing enclosed

☐ SOCKET LINERS or ☐ SOCKET BRIDGES
☐ No ☐ No
☐ Yes on teeth circled ☐ Yes on teeth circled

R	2 1	1 2	L
	2 1	1 2	

☐ APPLIANCE HEIGHT
☐ Normal ☐ Low ☐ High

☐ APPLIANCE THICKNESS
☐ Normal ☐ Thick ☐ Thin

☐ MOLDED AIRWAYS *included if not marked.*
☐ Yes ☐ No

☐ END APPLIANCE DISTAL TO
Appliance should cover all teeth to prevent super-eruption.
☐ First molars ☐ Second molars
☐ Other _______________

☐ SPECIAL INSTRUCTIONS
____
____
____
____
____
____
____
____
____

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 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			
500-100 ☐	400-100 ☐	406-100 ☐	400-600S ☐
500-300 ☐	400-200 ☐	406-200 ☐	400-601L ☐
500-102 ☐	400-500 ☐	406-500 ☐	400-000S ☐
500-106 ☐	401-100 ☐	406-600 ☐	400-000L ☐
614-001 ☐	401-200 ☐	407-100 ☐	400-800 ☐
	401-500 ☐	407-200 ☐	400-900 ☐
	408-501 ☐	407-500 ☐	400-850 ☐

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 _______________

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

996-130, Rev. 2
© 2006 TP Orthodontics, Inc.