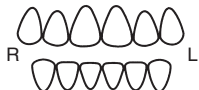


**Submitted**  Digital  Impression  Model  
 Upper  Lower

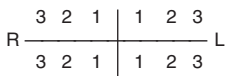
**Remove all attachments from model:**  Yes  No

**TRAYS**  Upper  Lower  
 .030\*\*  .040"  
 \*.030" is the standard thickness.

**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



**VIEW AND APPROVE DIGITAL SET UP**  
 Yes – view final only  
 Yes – all steps  
 No

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TPO is a registered trademark and Refine is a trademark of TP Orthodontics, Inc.

# REFINE™ Rx

## Complete Aligner System

View this case online  
 at [tportho.com/custom](http://tportho.com/custom) or call TPO®  
 for assistance at **800-348-8856**.

**SELECT ONE**

**BASIC 5**  
 (up to 5 trays per arch)

**TOTAL 10**  
 (up to 10 trays per arch)

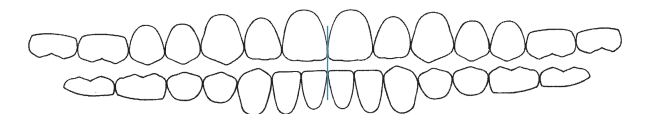
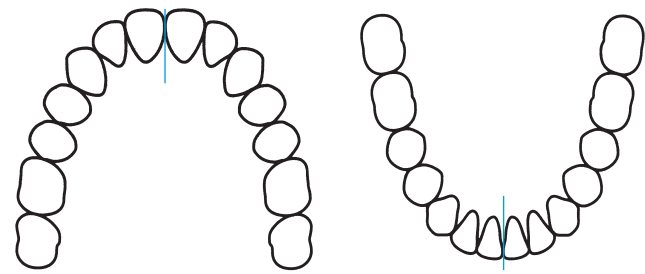
**DIAGNOSTIC** — without trays

**MID-TREATMENT CORRECTION**

**SELECT FINISHING APPLIANCE**

**SEMI-CUSTOM**  
 Seating Springs  
 Yes  No

**CUSTOM**  
 Note: Please contact the lab when patient is ready for the finishing appliance. A Refine Finishing Appliance Rx must be submitted.



Right ← → Left



**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](http://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			
670-310 <input type="checkbox"/>	670-311 <input type="checkbox"/>		
670-320 <input type="checkbox"/>	670-330 <input type="checkbox"/>		
	670-349 <input type="checkbox"/>		

**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  
 Refine Aligner Rx  Refine Finishing Rx  
 Originator Rx  Other \_\_\_\_\_