REFINE™ FINISHING APPLIANCE Rx

☐ DIGITAL FILE SUBMISSION
- ☐ Recent, appliances off
- ☐ Recent, with braces or composite attachments that need removal
- ☐ Completed set-up

☐ MODELS ENCLOSED

☐ IMPRESSIONS ENCLOSED

☐ RESET
- ☐ All teeth
- ☐ Teeth circled
- ☐ No reset needed

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

☐ BONDED LINGUAL RETAINER
- ☐ Block out space for bonded upper 2-2 retainer
- ☐ Block out space for bonded upper 3-3 retainer
- ☐ Block out space for lower 3-3 retainer
- ☐ No retainer

☐ MOLARS ERUPTED
☐ First ☐ Second ☐ Third

☐ VIEW AND APPROVE SET-UP ONLINE
☐ Yes ☐ No

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

☐ COLOR
☐ Green ☐ Purple ☐ Blue ☐ Rainbow
☐ Pink ☐ Orange ☐ Red ☐ Yellow

☐ 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

☐ SOCKET LINERS *for rotation correction*
- ☐ No
- ☐ Yes on teeth circled

R 2 1 | 1 2 L
2 1 | 1 2

☐ SOCKET BRIDGES

☐ 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

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

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			
406-700 ☐			
400-850 ☐			
400-900 ☐			
Rx#			

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

Dr. _____

Address _____

City / State / Zip _____

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

996-132, Rev. 0

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