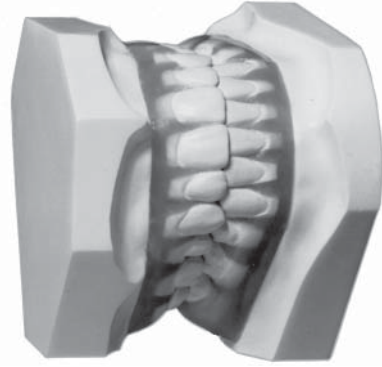


FINAL PHASE — HERE WE COME!

Very soon, the active phase of your treatment will end and your “braces” will be removed. You will then enter the most IMPORTANT SECOND PHASE of treatment—the final positioning and retention (holding) of your teeth. We are going to have a custom Tooth Positioner made for you so this final positioning can be done without wearing the braces any longer.



The Set-Up

More impressions of your teeth will be made, and the plaster models will be sent to a lab. At the lab, your plaster teeth will be repositioned in a wax base into final, detailed positions. This “preview” of how your teeth will look is called a set-up. For example, small spaces can be closed, teeth can be rotated and all teeth will be leveled to the proper height.

Your Positioner is then made over these set-up teeth. As you bite firmly into your Positioner, the flexible material “stretches” around your teeth. The gentle force from the stretched Positioner moves your teeth into their ideal positions. Any improvements that may be necessary to make your teeth ideal can be accomplished by wearing your Positioner.



The Tooth Positioner

REMEMBER: These improvements were made on the set-up, and the Positioner was made to fit the set-up...so, the only way your teeth will move into the best positions possible, is by YOU wearing your Positioner as directed. It is really fortunate that this convenient and exacting way of completing treatment is available.

I HOPE YOU ARE EXCITED ABOUT GETTING YOUR “BRACES” OFF, AND THAT YOU WILL ENTER THIS NEXT PHASE OF TREATMENT WITH ENTHUSIASM! IT IS JUST AS IMPORTANT AS THE BRACES HAVE BEEN UP TO NOW.

Your orthodontist will instruct you how many hours per day you will need to wear your Positioner. Patients are often instructed to wear the Positioner 12-13 hours per day for the first month. This is 4 hours of ACTIVE wearing, plus 8 or 9 hours of sleeping time. During ACTIVE wear, you will most likely be instructed to do a CLENCHING EXERCISE which will actively move your teeth. This is most important! The sleeping time retains (holds) the teeth straight which is also very important until the gum and bone “settle and mature.”

As we go through the next months, ACTIVE wearing time will gradually be reduced by approximately 1/2 hour per month (assuming you give full cooperation) until you’re only wearing the Positioner while sleeping. Although the Positioner may feel awkward at first, it will become your best friend as it settles your teeth and holds them straight.

WARNING: The first few months of active wearing are critical. You may fail to achieve a fine result if you do not wear as directed.

- SET-UP**
- Regular Articulated Yes Denar Hanau No Immediate Sam Whip-Mix Partial Panadent 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
- Lower
- Same
- 2° Palatally
- 2° Labially
- 2° Lingually
- 2° Labially

SPACES

- Leave space between _____
- Close all
- Compromise

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

OCCUSAL PLANE

- Flat
- Curve of spee

ARCH FORM

- Ideal (*standard*)
- Approx. same
- Straight arch

ARCH WIDTH

- Upper
- Lower
- Same
- Expand _____mm
- Constrict _____mm

WAX IN LINGUAL RETAINER

- Upper
- Lower
- 1-1
- 1-1
- 2-2
- 2-2
- 3-3
- 3-3
- 4-4
- 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
- Completed set-up
- Appliances on

IMPRESSIONS ENCLOSED

- Appliances off
- Appliances on

CENTRIC OCCLUSION BY

- Backs parallel
- Lines on buccal surfaces of molars
- Wax bite

SET-UP & POSITIONER Rx

APPLIANCES

- Positioner
- Gingival conditioner
- Varsity Guard®
- Yes
- No
- Position-ette®
- Bruxism appliance
- With strap
- Without strap



MATERIAL

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

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
- Tracing enclosed
- Headplate sent under separate cover

SOCKET LINERS or **SOCKET BRIDGES**

- No
 - Yes on teeth circled
 - No
 - 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
 Phone: 800-348-8856
 219-785-2591

Mailing

P.O. Box 742
 Lodi, California 95241-0742

Shipping

130 N. Houston Lane
 Lodi, California 95240-2405
 Phone: 800-343-5997
 209-368-7545

TPOrtho.com

- This is my first case with TP Orthodontics.

ACCOUNT NO. _____

Dr. _____

Address _____

City _____

State _____

Zip _____

Phone () _____

E-Mail _____

Patient's Name _____

Date Shipped _____

Date _____

to TPO _____

Required _____

SHIPPING

- Ground
- Second Day
- Overnight
- First Class

PLEASE DO NOT WRITE IN THIS SPACE			
500-100 <input type="checkbox"/>	400-100 <input type="checkbox"/>	406-100 <input type="checkbox"/>	400-600S <input type="checkbox"/>
500-300 <input type="checkbox"/>	400-200 <input type="checkbox"/>	406-200 <input type="checkbox"/>	400-601L <input type="checkbox"/>
500-102 <input type="checkbox"/>	400-500 <input type="checkbox"/>	406-500 <input type="checkbox"/>	400-000S <input type="checkbox"/>
500-106 <input type="checkbox"/>	401-100 <input type="checkbox"/>	407-100 <input type="checkbox"/>	400-000L <input type="checkbox"/>
500-107 <input type="checkbox"/>	401-200 <input type="checkbox"/>	407-200 <input type="checkbox"/>	400-800 <input type="checkbox"/>
	401-500 <input type="checkbox"/>	407-500 <input type="checkbox"/>	400-900 <input type="checkbox"/>
			400-850 <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 Rx
- Indirect Bonding Rx
- Shipping Bags
- Originator Rx
- Other _____

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

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

Leave space between _____ Close all Compromise

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

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

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 Rx

APPLIANCES Yes No
 Positioner Position-ette®
 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 R 7 6 5 4 | 4 5 6 7
 Yes (*Draw arrows to indicate location*) R 7 6 5 4 | 4 5 6 7 L

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 R 2 1 | 1 2
 Yes on teeth circled Yes on teeth circled R 2 1 | 1 2 L

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

--	--	--	--	--	--	--	--



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TPOrtho.com

This is my first case with TP Orthodontics.

ACCOUNT NO. _____

Dr. _____

Address _____

City _____

State _____

Zip _____ Phone () _____

E-Mail _____

Patient's Name _____

Date Shipped _____ Date _____
 to TPO _____ Required _____

SHIPPING

Ground Second Day Overnight First Class

PLEASE DO NOT WRITE IN THIS SPACE			
500-100 <input type="checkbox"/>	400-100 <input type="checkbox"/>	406-100 <input type="checkbox"/>	400-600S <input type="checkbox"/>
500-300 <input type="checkbox"/>	400-200 <input type="checkbox"/>	406-200 <input type="checkbox"/>	400-601L <input type="checkbox"/>
500-102 <input type="checkbox"/>	400-500 <input type="checkbox"/>	406-500 <input type="checkbox"/>	400-000S <input type="checkbox"/>
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500-107 <input type="checkbox"/>	401-200 <input type="checkbox"/>	407-200 <input type="checkbox"/>	400-800 <input type="checkbox"/>
	401-500 <input type="checkbox"/>	407-500 <input type="checkbox"/>	400-900 <input type="checkbox"/>
			400-850 <input type="checkbox"/>

PLEASE SEND ADDITIONAL SUPPLIES

(Fill in address label only if additional material requested)

Dr. _____

Address _____

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