

- SET-UP**
- Regular  Articulated  Yes  Denar  Hanau  No  Diagnostic  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

**OCCLUSAL 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  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  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

## Prescription Rx

- Set-up only, no appliance

**APPLIANCES**

- Positioner  Gingival conditioner  Varsity Guard®  Yes  Mini-Positioner™  Bruxism appliance  With strap  No  iFinisher™  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
- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 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/labs](http://tportho.com/labs)

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 <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"/>	406-600 <input type="checkbox"/>	400-000L <input type="checkbox"/>
500-107 <input type="checkbox"/>	401-200 <input type="checkbox"/>	407-100 <input type="checkbox"/>	400-800 <input type="checkbox"/>
	401-500 <input type="checkbox"/>	407-200 <input type="checkbox"/>	400-900 <input type="checkbox"/>
		407-500 <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  Set-Up & Positioner Rx  Model Sculpture  Originator Rx  HERBST Rx  Perfector Rx  Indirect Bonding Rx  Other \_\_\_\_\_  Shipping Boxes  Shipping Labels  Shipping Bags

