



**FLIP-LOCK® HERBST®**

- Upper**       Crowns       Bands       Both
- Lower**       Crowns       Bands       Both

Refer to the drawing for specifics.

- Type I**       With archwire slot       Without archwire slot
- Includes cantilever arm.*

- Type II**       With archwire slot       Without archwire slot
- Does not include cantilever arm.*

**ACCESSORIES FOR THE FLIP-LOCK® HERBST®**

- Hyrax R.P.E.**       Upper       Lower
- Lingual Arch**       Upper       Lower
- Transpalatal Arch Bar / T.P.A.**
- Quadhelix**
- Crimpable Spacers**     1 mm     2 mm     3 mm     4 mm     5 mm
- Occlusal Rest Wire**

**CROWN ADJUSTMENTS**

- Add vent holes     Add vertical slots     Trim crown height

*Note: Please enclose a wax bite to indicate where we should cut the tube arms.*

**ENCLOSED**

- Impression**       Upper       Lower       Both
- Model**       Upper       Lower       Both
- Wax Bite**

**SPECIAL INSTRUCTIONS**

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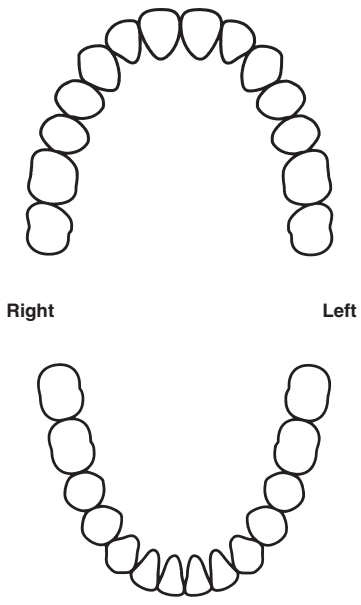
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\* Flip-Lock is a registered trademark of TP Orthodontics, Inc. HERBST is a registered trademark of Dentaaurum Corp.

# FLIP-LOCK® HERBST®

## Appliance Prescription Rx

Please use diagram to indicate placement of HERBST components, including accessories, bands, crowns and occlusal rests.



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 \_\_\_\_\_ Date \_\_\_\_\_

to TPO \_\_\_\_\_ 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			

**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 \_\_\_\_\_