



- SET-UP**
- Regular
 - Articulated
 - Yes
 - Immediate
 - Denar
 - Hanau
 - No
 - Partial
 - Sam
 - Whip-Mix
 - 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° Lingually
- 2° Labially
- 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
- Space between cuspid/bicuspid
- Good Cl. I cuspid relation
- Space between lateral/cuspid

OCCUSAL PLANE

- Flat
- Curve of spee

ARCH FORM

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

ARCH WIDTH

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

MODELS ENCLOSED

- Recent, appliances off
- Original
- Appliances on
- Completed set-up

IMPRESSIONS ENCLOSED

- Appliances off
- Appliances on

CUSTOM PERFECTOR®

Prescription Rx

Made from translucent silicone

LABIAL WIRE *with Acrylic Shield for maximum control and retention.*

- Cuspid to Cuspid
- Bicuspid to Bicuspid
- Other—indicate on drawing



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 | |

END APPLIANCE DISTAL TO

- Appliance should cover all teeth to prevent super-eruption.
- First molars
 - Second molars
 - Other _____

HINGE AXIS

- Use average
- Headplate enclosed
- Tracing enclosed
- Articulated Set-up (*See left column*)

Note: Hinge-axis opening during construction should equal or surpass that of patient's freeway space. This maximizes patient comfort, helps insure continuous seating of lower arch and encourages exercise wearing.

MOLDED AIRWAYS No Yes (*Freeway space must be 2-3 mm*)

LOWER ANTERIOR RELIEF

- Trim to allow for future use of lower Spring Aligner while wearing Perfector.
- Wax lingual of lower anteriors to allow for bonded 3-3 retainer.

SPECIAL INSTRUCTIONS

CENTRIC OCCLUSION BY

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

RETURN CASE BY

- FedEx Ground
- FedEx 2 Day
- Other _____

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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

This is my first case with TP Orthodontics.

ACCOUNT NO. _____

Dr. _____

Address _____

City _____

State _____

Zip _____ Phone () _____

E-Mail _____

Patient's Name _____

Date Shipped _____ Date Required _____
 to TPO _____

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"/>	500-106 <input type="checkbox"/>	400-600 <input type="checkbox"/>	400-800 <input type="checkbox"/>
408-610 <input type="checkbox"/>	508-700 <input type="checkbox"/>	400-700 <input type="checkbox"/>	400-850 <input type="checkbox"/>
500-104 <input type="checkbox"/>	508-800 <input type="checkbox"/>	400-900 <input type="checkbox"/>	
500-102 <input type="checkbox"/>	509-000 <input type="checkbox"/>	450-035 <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

Perfector is a registered trademark of TP Orthodontics, Inc.



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