

☐ Appliances on

☐ Completed set-up

Perfector is a registered trademark of TP Orthodontics, Inc.

CUSTOM PERFECTOR®

Prescription Rx

Made from translucent silicone				
□ LABIAL WIRE with Acrylic Shield to □ Cuspid to Cuspid □ Bicuspid to Bicuspid □ Other—indicate on drawing	for maximum control and retention.			
R O	DDDDDD L			
□ SEATING SPRINGS for positive se	eating and increased retention.			
☐ No☐ Yes (Draw arrows to indicate location)	R 7 6 5 4 4 5 6 7 7 6 5 4 4 5 6 7			
	7 6 5 4 4 5 6 7			
<u> </u>				
Note: Hinge-axis opening during surpass that of patient's freeway comfort, helps insure continuous encourages exercise wearing.	construction should equal or space. This maximizes patient			
□ MOLDED AIRWAYS □ No	Yes (Freeway space must be 2-3 mm)			
□ LOWER ANTERIOR RELIEF □ Trim to allow for future use of low Perfector.	er Spring Aligner while wearing			
$\hfill\square$ Wax lingual of lower anteriors to allow for bonded 3-3 retainer.				
□ SPECIAL INSTRUCTIONS				

☐ RETURN CASE BY

☐ FedEx Ground

☐ FedEx 2 Day

□ Other _



Mailing & Shipping

100 Center Plaza La Porte, Indiana 46350-9672 USA

Instructions for digital/online prescription submissions can be found at

Phone: 800-348-88 219-785-25		tportho.co	om\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	Dat Bed	-	
This custom-made teristics and prope cific patient, and is SHIPPING	erties specified by	the prescribing o	loctor for this spe-
	□ Second Day	□ Overnight	☐ First Class
PLE	ASE DO NOT W	RITE IN THIS SI	PACE
500-100 □	500-106 □	400-600 □	400-800 □
408-610 □	508-700 □	400-700 □	400-850 □
500-104 □	508-800 □	400-900 □	
500-102 □	509-000 □	450-035 □	

PLEASE SEND ADDITIONAL SUPPLIES

(Fill in address label only if additional material requested)

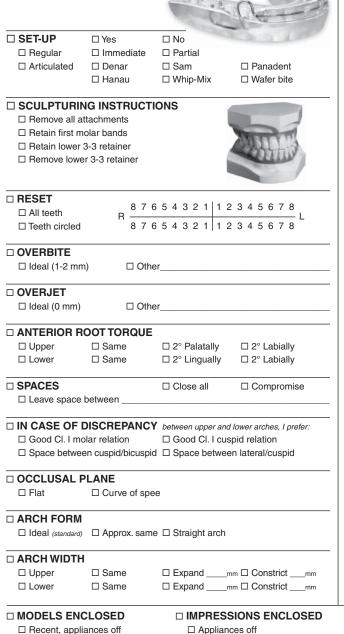
,	•	, ,
Dr		
Address		
City / State / Zip		
☐ Appliance Rx	☐ HERBST Rx	☐ Shipping Boxes
☐ Set-Up & Positioner Rx	□ Perfector Rx	☐ Shipping Labels
☐ Model Sculpture	☐ Indirect Bonding Rx	☐ Shipping Bags
☐ Originator Rx	☐ Other	
996-813, Rev. 9/14		©2007 TP Orthodontics, Inc

□ CENTRIC OCCLUSION BY

☐ Lines on buccal surfaces of molars

☐ Backs parallel

☐ Wax bite



☐ Appliances on

☐ Original

☐ Appliances on ☐ Completed set-up

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□ LABIAL WIRE with Acrylic Shield for maximum control and retention. □ Cuspid to Cuspid □ Bicuspid to Bicuspid □ Other—indicate on drawing						
R						
□ SEATING SPRINGS for positive seating and increased retention.						
. □ No						
☐ Yes (Draw arrows to indicate location) R 7 6 5 4 4 5 6 7 7 6 5 4 4 5 6 7 L						
□ END APPLIANCE DISTAL TO						
Appliance should cover all teeth to prevent super-eruption.						
☐ First molars ☐ Second molars ☐ Other						
- UNIOT AVIO						
□ HINGE AXIS						
☐ Use average ☐ Tracing enclosed ☐ Headplate enclosed ☐ Articulated Set-up (See left column)						
☐ Headplate 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 □ RETURN CASE BY						
☐ Backs parallel ☐ FedEx Ground						
□ Wax bite □ FedEx 2 Day						
☐ Lines on buccal surfaces of molars ☐ Other						



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☐ Overnight	☐ First Class
RITE IN THIS SF	PACE
400-600 □	400-800 □
400-700 □	400-850 □
400-900 □	
450-035 □	
	400-600 400-900 400-900

4			
	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	
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