

SET-UP

- Regular
- Articulated
- Yes
- Diagnostic
- Denar
- Hanau
- No
- Immediate
- Sam
- Whip-Mix
- Partial
- Panadent
- Wafer Bite™

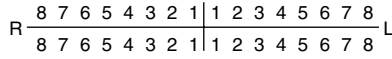
SCULPTURING INSTRUCTIONS

- Remove all attachments
- Retain first molar bands
- Retain lower 3-3 retainer
- Remove lower 3-3 retainer



RESET

- All teeth
- Teeth circled



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

- Close all
- Compromise
- Leave space between _____

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

OCCLUSAL 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

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

- Positioner
- Gingival Conditioner
- Varsity Guard®
- Yes
- Position-ette®
- Bruxism Appliance
- With strap
- No
- Without strap

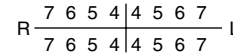


MATERIAL

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

SEATING SPRINGS *For positive seating and increased retention.*

- No
- Yes (Draw arrows to indicate location)



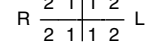
Position-ette will have seating springs between upper bicuspids and first molars unless specified differently.

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



APPLIANCE HEIGHT

- Normal
- Low
- High

APPLIANCE THICKNESS

- Normal
- Thick
- Thin

MOLDED AIRWAYS

- Yes
- No

Included if not marked.

END APPLIANCE DISTAL TO

Appliance should cover all teeth to prevent super-eruption

- First molars
- Second molars
- Other _____

SPECIAL INSTRUCTIONS

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TP Orthodontics, Inc.

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 219-785-2591

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 Lodi, California 95241-0742

Shipping

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

- Please note my address change.
- 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 _____

RETURN CASE BY

- 1st Class
- UPS (where available)
- Overnight

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"/>
500-101 <input type="checkbox"/>	400-500 <input type="checkbox"/>	406-500 <input type="checkbox"/>	400-000S <input type="checkbox"/>
500-105 <input type="checkbox"/>	401-100 <input type="checkbox"/>	407-100 <input type="checkbox"/>	400-000L <input type="checkbox"/>
500-106 <input type="checkbox"/>	401-200 <input type="checkbox"/>	407-200 <input type="checkbox"/>	400-800 <input type="checkbox"/>
500-107 <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
- Set-up & Positioner Rx
- Model Sculpture Rx
- Other _____
- HERBST Rx
- Perfector Rx
- Hinge-Axis Analysis
- Shipping Boxes
- Shipping Labels
- Shipping Bags