

# MODEL SCULPTURE Rx



TP Orthodontics, Inc.

Name, Date or Code to Appear on Model (please print or type)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unless specified, TPO will imprint name and date on upper, and name only on lower.

- Stamp imprint       Ink imprint       Label

## CHECK TYPE OF SERVICE DESIRED (see TPO catalog)

- A.  Pour-up alginate impressions, trim, sculpture, finish, soap, imprint and polish.
- B.  Duplicate models, add bases, trim, sculpture, finish, soap, imprint and polish.
- F.  Pour-up alginate impressions — trim and file only.
- G.  Economy service, pour-up impressions, trim, sculpture, imprint and polish.  
Quality of impressions is guideline for end results of sculpturing.  
Finished model height: 5-7 cm.
- H.  Make acrylic model from alginate impression.  
 one-color model       two-color model
- I.  Make acrylic model from patient's model.  
 one-color model       two-color model

## PURPOSE OF MODEL (information needed for scheduling)

- Start       Progress       Finish       ABO       State Boards
- Other \_\_\_\_\_

*Send a copy of trimming instructions for all board cases.*

## WAX BITE ENCLOSED      Yes      No

## CENTRIC OCCLUSION

- Backs of models trimmed parallel       Indicated by wax bite       Indicated by line on buccal surfaces

## TRIM MODELS (see TPO catalog)

- Trim with wax bite in place       Old Tweed height 2<sup>3</sup>/<sub>4</sub>" high       New Tweed height Base 1/3, Anatomy 2/3

## TYPE OF TRAYS ENCLOSED

Upper \_\_\_\_\_ Lower \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SPECIAL INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

— RETURN WHITE AND PINK COPY. RETAIN YELLOW COPY —

### Mailing

P.O. Box 742  
Lodi, California 95241-0742

### Shipping

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

[www.tportho.com](http://www.tportho.com)

- 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 \_\_\_\_\_

### SHIPPING

- 1st Class       UPS (where available)       Overnight

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       ARS (UPS Return Label)       Shipping Labels  
 Model Sculpture Rx       Shipping Bags  
 Other \_\_\_\_\_