



- PLEASE PHONE ME CONCERNING THIS CASE
- APPLIANCE REPLACEMENT INSURANCE

DOCTOR _____ DATE SENT _____

E-MAIL ADDRESS _____ DATE WANTED _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

PATIENT'S NAME _____ PATIENT'S AGE _____
(please print)

PLEASE SEND SUPPLIES:

- RX SHEETS
- EXTRA APPLIANCE KEYS
- RX LABELS
- SHIPPING BAGS
- SHIPPING BOXES
- PLASTIC BAGS



SPLINTS AND GUARDS

TYPE

- NIGHTGUARD Upper Lower
- 3DNG Upper Lower
- FLAT PLANE SPLINT Upper Lower
- CENTRIC RELATION SPLINT
- ANTERIOR REPOSITIONER Upper Lower
- ORTHOTIC SPLINT
- GELB SPLINT
- NTI SPLINT
- DEPROGRAMMER TYPE _____
- OTHER _____

ARTICULATION

- AVERAGE HINGE AXIS
- ARTICULATOR MOUNTED MODELS
 - SAM HANAU
 - DENAR ACCULINER
 - WHIPMIX STRATOS
- TO DOCTOR'S BITE
- OPEN BITE BY: _____ MM
- ADVANCE MANDIBLE BY: _____ MM
- OTHER _____

PROTEC PALATE PLEAZERS

Type _____

MATERIAL

- ACRYLIC- HARD RESIN
- PRO-FLEX- HEAT SOFTENED RESIN
- PMMA - PRECISION MILLED RESIN
- DURABITE- VACUUFORMED HARD ACRYLIC
- DUALFORM- HARD-SOFT DUAL LAMINATE
- DAYLITE- LAMINATED THIN ACRYLIC
- BIOMAX- HYPO-ALLERGENIC URETHANE
- ORTHOCRYL- LIGHT CURED ACRYLIC
- SOFT- FLEXIBLE VINYL
- OTHER _____

OCCCLUSION

- SMOOTH OCCLUSAL SURFACE
- LIGHT OCCLUSAL CONTACTS
- HEAVY OCCLUSAL CONTACTS
- ANATOMICAL OCCLUSION
- CUSPID RISE
- PROTRUSIVE RAMP
- ANTERIOR REPOSITIONING INCLINE
- OTHER _____

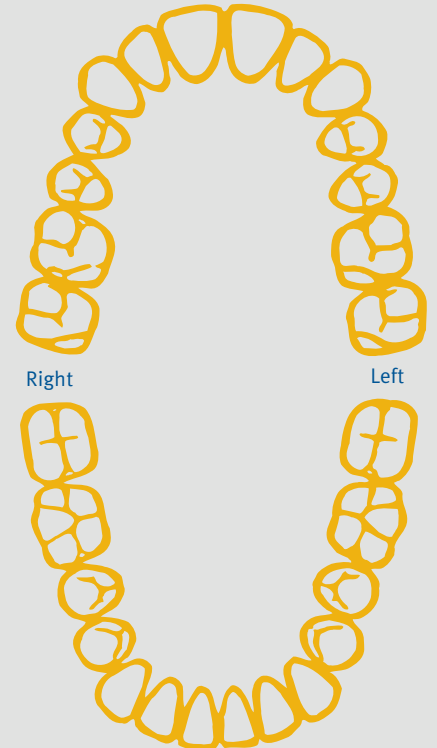
DESIGN

- HORSESHOE PALATE- STANDARD
- FULL PALATAL COVERAGE
- NO LABIAL ACRYLIC
- NO BUCCAL ACRYLIC
- OTHER _____

CLASPING

- BALL CLASPS
- ADAMS CLASPS
- "C" CLASPS
- NO CLASPING
- OTHER _____

APPLIANCE DESIGN



SPECIAL INSTRUCTIONS:

DOCTOR'S SIGNATURE: _____