



DOCTOR _____ DATE SENT _____

E-MAIL ADDRESS _____ DATE WANTED _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

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

- PLEASE PHONE ME CONCERNING THIS CASE
- APPLIANCE REPLACEMENT INSURANCE

PLEASE SEND SUPPLIES:

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



SPLINTS AND GUARDS

TYPE

- NIGHTGUARD Upper Lower
- ANTERIOR REPOSITIONER Upper Lower
- ORTHOTIC SPLINT Upper Lower
- GELB SPLINT Lower
- NTI SPLINT Upper
- 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

PROTEC PALATE PLEAZERS

Type _____

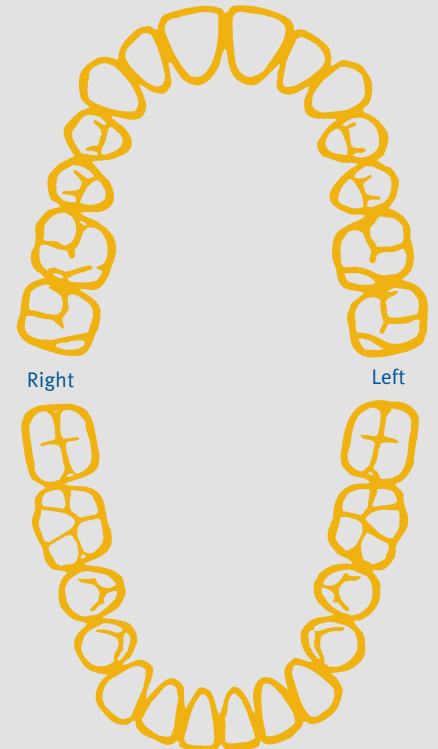
MATERIAL

- PROFLEX3D - PRINTED HEAT SOFTENED RESIN
- DIAMOND3D - MILLED PMMA RESIN
- BIOMAX3D - MILLED BIOCOMPATIBLE RESIN
- DURABITE3D - MILLED SHADED ACETAL RESIN
- ACRYLIC - HARD RESIN
- DAYLITE - LAMINATED THIN ACRYLIC
- DUALFORM - HARD-SOFT DUAL LAMINATE
- SOFT - FLEXIBLE VINYL

OCCCLUSION

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

APPLIANCE DESIGN



DESIGN

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

SPECIAL INSTRUCTIONS: _____

DOCTOR'S SIGNATURE: _____