

PLEASE PRINT

Account # C0 _____ **PO #** _____

B I L L I N G PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

DOCTOR: _____

ADDRESS: _____
(Specify if ship to address is different)

A D D R E S S CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

FAX: (____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

LAB USE ONLY		Incoming # cases _____	
Customer Used: <input type="checkbox"/> GLO Acct <input type="checkbox"/> 2 Day On Call			
<input type="checkbox"/> Portal Upload - No Frt (00) <input type="checkbox"/> Cust Acct - No Frt (00)			
<input type="checkbox"/> Disinfected	0	1	2 3 4 5 6 7 8 9
Rcvd: _____			
B# _____	Via: _____		
Shipment Date _____	Planned Shipment Date _____		
(QC): _____	(LPD): _____		
Estimated Delivery Date _____	Promised Delivery Date _____		
ND _____	(Rec): _____		
NO BITE / MDL - B / C	Source: _____		
	Campaign: _____		
Align ID# _____	Dig ID# _____		

Please Provide: Boxes Labels
 Rx: _____ Qty: _____
(specify appliance type)

**IMPORTANT! Always retain models and bite until appliance is seated.
Damage to models may occur during fabrication, please mark Rx if duplication (additional fee) of model(s) is required.**

Herbst® Sleep Appliance:

Full occlusal coverage on the upper and lower arches with a metal framework is contained within all material choices. Please choose hardware and material option. *When natural undercuts are not present, ball clasps (additional fee) may be necessary for greater retention.*

Bite Registration- 5mm vertical incisal clearance and 50-75% mandibular protrusion. The laboratory may need to open the bite depending on curve of spee or deep bite cases.

MATERIAL OPTIONS-

- Hard Acrylic (standard)**
- Variflex™ Thermal Active Material**
- Soft EVA Material** - White STANDARD also available in:
 Red Black Blue Green Clear

Nylon *NEW MATERIAL OPTION*

Digitally designed to optimize retention and engage undercut. Superior comfort, strength, and durability, includes nylon elastic hooks (U&L).

- Labial band **Standard** Upper Lower
- Full anterior coverage Upper Lower

ADVANCEMENT HARDWARE OPTIONS- Telescopic Standard

- Telescopic-** Threaded adjustment collar, 5mm max adjustability.
- Shim Advancement-** Adjusted with shims in 1, 2 or 3mm increments.

OPTIONS:

- Hex Head Screw (standard) Slot Head Screws

Retrusion Allowance

- 0mm 1mm (standard) 2mm 3mm

Clasping for Retention-

- Ball Clasps Other _____

Auxiliaries-

- Elastics (#64) Shim Kit (2 ea 1, 2, 3mm)
- OrVance® OrthoDots® Clear - Patient Pack (12/box, 24 Boxes/pkg) 260-047

TAP® Appliances: Thornton Anterior Positioner

Airway Management family of appliances each include an adjustment key, appliance cup, one AM Aligner, Clinical fitting instructions and patient instruction booklet.

Bite Registration- 6-8mm min. vertical incisal clearance with a conservative advancement of 30% of the patients full protrusive range, the appliance will provide 10mm of further advancement (5mm retrusion allowance).

- dreamTAP™ TAP 1® TAP 3®

OPTIONS:

- Hard/Soft (Clear) standard Hard/Soft (Blue)
- ThermAcryl AccuTherm

- Custom flexTAP®

The Myerson EMA® Appliance:

The Myerson EMA oral appliance advances the mandible with interchangeable elastic straps. The appliance will be delivered with 4 sets of yellow (medium) straps sizes 17-20 to your bite position. Visit our website for other sizes and strengths of EMA straps.

Bite Registration- 5mm vertical incisal clearance and 50-75% mandibular protrusion. The laboratory may need to open the bite depending on curve of spee or deep bite cases.

Master Rx on File # _____

Special Instructions: _____

Klearway™ Appliance:

A thermal active material formed over the upper and lower arches and are connected lingually with an expansion screw. Allows 10mm of further mandibular advancement or 1mm of retrusion if necessary from the original bite registration.

Bite Registration- 5mm vertical incisal clearance and 65% mandibular protrusion. The laboratory may need to open the bite depending on curve of spee or deep bite cases.

Standard Clasping- Includes adams clasps at lower bicuspid to anchor tubes, ball clasps at bi and molar regions.

NAPA- Nocturnal Airway Patency Appliance:

The upper and lower arches are engaged in an acrylic block. An oral breathing beak provides airway clearance.

OPTIONS:

- Variflex NAPA- (Thermal Active) A variation on the original design, clasping optional.
- No External Breathing Beak
- No Beak - Cap Anterior Teeth

Elastomeric Sleep Appliance*:

The upper and lower Arches are fully engaged in a soft silicone material. An adequate airway space is provided in the standard design.

**Not Recommended for Bruxers*

(For further details on sleep appliances and products, visit our website.)

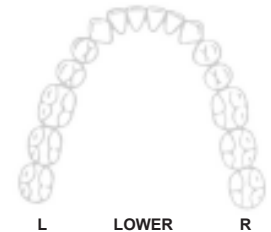
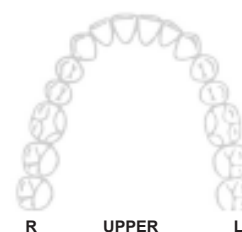
Auxiliaries & Other Sleep Appliance Options:

- The George Gauge™ Kit 056-050
- my TAP™ 255-092
- AM Aligner (10/pkg) 255-041
- EZ Key (10/pkg) 140-020
- DentaSOAK® 827 (3 Month Starter Kit)

Dental Midline Consideration: If no indication, we will follow bite registration.



Define Discrepancy of Dental Midlines:
Upper to lower midline deviates to Pt. R or L by _____ mm



License #: _____
Dr. Signature: _____