



LAB USE ONLY	Incoming # cases	1	2	3	4	5+					
Customer Used:	<input type="checkbox"/> GLO Acct	<input type="checkbox"/> 2 Day On Call									
	<input type="checkbox"/> Portal Upload - No Frt (99)	<input type="checkbox"/> Cust Acct - No Frt (99)									
<input type="checkbox"/> Disinfected	0	1	2	3	4	5	6	7	8	9	
Rcvd:	_____										
B#	_____					Via:	_____				
QC:	_____					LPD/Shp:	_____				
Needs DD Call	_____					Rec:	_____				
NO BITE / MDL - B / C	_____					Source:	_____				
Align ID#	_____					Location:	_____				
	_____					Dig ID#	_____				

PLEASE PRINT

Account # LO _____ **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)

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

A D D R E S S CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____
FAX: (____) _____
EMAIL: _____

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

PATIENT: _____ AGE: _____

PLEASE PRINT

**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.**

Fabrication Requirements:

****Prior to your first order the clinician must be a registered RiPPLE® provider and receive a RiPPLE® starter kit.
To get started visit: www.rippleretainers.com.**

- RiPPLE® Retainer
- RiPPLE® plus+

Model Requirements:

Upper and Lower choose PVS or alginate impressions, stone models, or submit intraoral scans.

Bite Registration Requirements:

Using the SPG 'Sleep Position Guide' capture the bite in PVS or scan in the optimum 'Sleep Position'.

- My bite is enclosed
- Bite is scanned in the SPG fabrication position

SPG Bite Setting Record:
VDO 0 2 4 6
A/P +/- _____

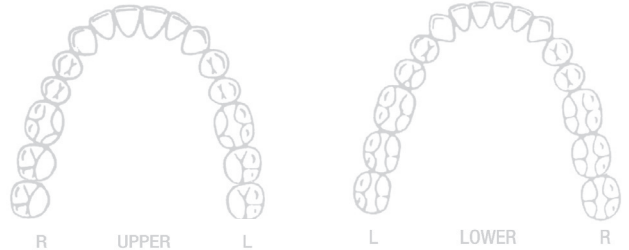
Reasons for Treatment:

- Preventative
- Bruxism
- TMD
- Headaches
- Daytime tiredness
- Retention
- Snoring
- Mild OSA
- Moderate OSA
- Severe OSA
- CPAP Combination
- Other _____

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



Special Instructions: _____

Master Rx on File # _____

License #: _____

Dr. Signature: _____