

**SNORING/SLEEP APNEA
PRESCRIPTION**



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)

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

PHONE: (____) _____

FAX: (____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

LAB USE ONLY Incoming # cases 1 2 3 4 5+

Customer Used: GLO Acct 2 Day On Call

Portal Upload - No Frt (99) Cust Acct - No Frt (99)

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# _____ Dig ID# _____

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

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

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)
- Comfort Caps® Comfort Solutions (pkg of 20)

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

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.

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**

Master Rx on File # _____

Special Instructions: _____

Klearway™ Appliance:

A thermal active material is formed over the upper and lower arches. These are then connected lingually with an expansion screw allowing 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. Please indicate alternate clasping type and location under special instructions.

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 see our website @greatlakesleep.com)

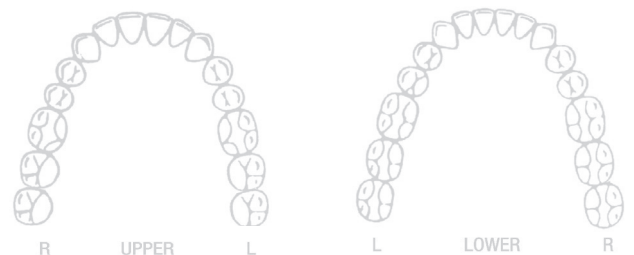
Auxiliaries & Other Sleep Appliance Options:

- MPowRx™-** Non-Custom Snoring and Sleep Apnea Appliance 255-040
- The George Gauge™ Kit 056-050**
 - 2mm Bite Forks Grey Long (25/pkg) 056-032
 - 3mm Bite Forks Blue (25/pkg) 056-026
 - 5mm Bite Forks White Long (25/pkg) 056-033
- The George Gauge™ Asstd. Bite Fork Pack (12)-2mm, (12)-5mm 056-025**
- my TAP™ 255-092**
- AM Aligner (10/pkg) 255-041**
- Mandibular Stabilizer _____ Red 155-028**
- EZ Key (10/pkg) 140-020**
- DentaSOAK® 235-023 (1 month Supply)**

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: _____