

**SPLINT / DEPROGRAMMER
PRESCRIPTION**



PLEASE PRINT

Account # LO PO # _____

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

I DOCTOR: _____

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

A CITY: _____ STATE: _____ ZIP: _____

D PHONE: (_____) _____

R FAX: (_____) _____

S EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

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:	_____			
	_____	Location:	_____			
Align ID#	_____	Dig ID#	_____			

Please Provide: Boxes Labels
 Rx: _____ Qty: _____
 (specify appliance type)
 Appliance Protection Program (additional fee)

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

PLEASE READ

If you would like us to follow the specifications of a particular clinician, please specify: _____

Articulator used: _____

Splints Must Select Arch & Appliance Design

UPPER LOWER

- DIGITAL Flat Plane (No Guidance)
- DIGITAL Full Contact with Anterior Guidance
- Flat Plane (No Guidance)
- Full Contact with Anterior Guidance
- Kois Flat Plane Splint (occlusal covered)
- Anterior Repositioning (Pull Forward)
- Overlay (1.5mm Base Plate)
 - Options: Add Occlusal Acrylic (not articulated, equilibration required)
- Tanner with lingual bar - Lower Only
- Gelb

NOTE: To compensate for curve of Spee, please:
 Increase opening Provide steeper guidance

Deprogrammers Must Select Arch & Appliance Design

UPPER LOWER

- Great Lakes Anterior STANDARD (Spear)
- Mini 2 x 2 contact (5 x 5 coverage)
 - 2 x 2 contact STANDARD, VDO no interferences
 - 2 x 2 contact, VDO just out of contact
- Kois (Retainer Style)
- Cranham
- Dawson B Splint
 - Maxillary only Dual Arch

Nylon Appliance Options (No Clasps Required!)

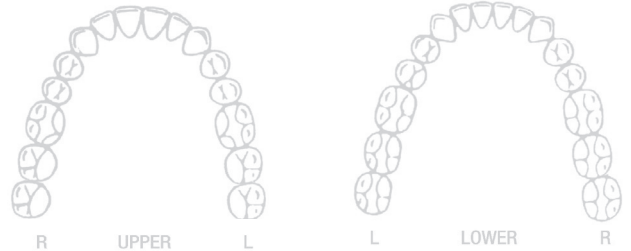
- Great Lakes Anterior STANDARD (Spear)
- Flat Plane (No Guidance)

Material

- Splint Biocryl (Plus Acrylic) STANDARD
- Splint Biocryl (NO Acrylic)
- Cold Cure (Acrylic)
- Hard/Soft
- Variflex™ (Thermal Active)
- Tooth Shade Acrylic
- Biocryl ICE
- Nylon - See available options

Acrylic Coverage 3-5mm Tissue STANDARD No Tissue Contact

Clasping None Ball STANDARD Other: _____



Special Instructions: _____

Master Rx on File # _____

License # _____ Dr. Signature: _____

Lab Use:	Dup	No Bite	Reset Base	Pontic	Blok Out	Sold Laser	Dr Band	Band
MG-STD	MG-MED	MG-HVY	BT-STD	BT-LMN				
Drs Prprty-	Drs Art	Drs Bite Fork	Drs Jig	CNC				
Dr Mount	Art#	Dr Pin	Lab Pin					
DENAR	SAM-2	SAM-3	WHPMX	ARTEX	STRATOS			
HAN	HINGE	PANDNT	KAVO					