

LAB USE ONLY
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DOCTOR \_\_\_\_\_ ACCT# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

DATE SHIPPED \_\_\_\_\_ DATE REQ'D \_\_\_\_\_

\*Case will ship to arrive before the APPOINTMENT DATE.

Please account for transit time to/from your office.

APPT DATE\* \_\_\_\_\_

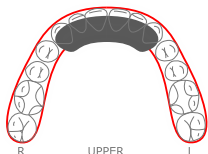
APPROVED TO CHARGE FOR EXPEDITED SHIPPING TO RETURN ON DATE NEEDED

CONTACT ME REGARDING CASE  VIA PHONE  VIA EMAIL

## ACRYLIC SPLINT DESIGNS

### ANTERIOR REPOSITIONING (ARS)

Upper

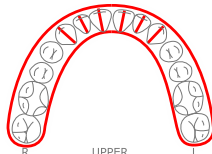


\*clasp available

### SUPERIOR REPOSITIONING (SRS)

Upper

Lower

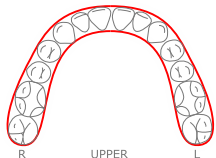


\*clasp available

### FLAT PLANE

Upper

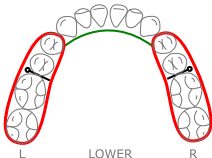
Lower



\*clasp available

### MORA (GELB DESIGN)

Lower



2 clasps (standard)

### OTHER DESIGNS

Upper Lower

Dual Laminate

Soft Vinyl

*Clasp options not available with soft vinyl or dual hardness materials.*

### SPLINT CONSTRUCTION

Articulated Models Enclosed

Panadent  SAM  Denar

Use Enclosed Wax Bite

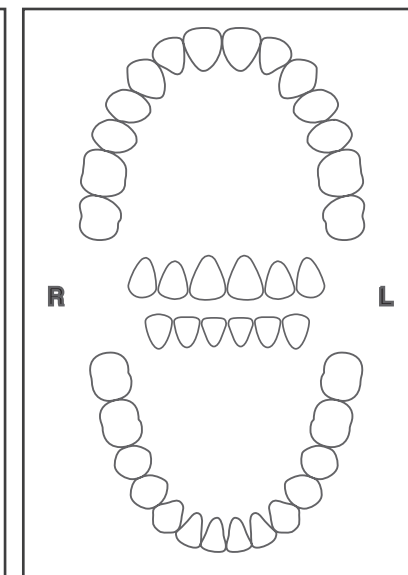
Articulate Models with Average Opening

Advance Mandible \_\_\_\_\_ mm

### CLASPING OPTIONS (Indicate Position)

Ball Clasps

Arrow Clasps



### SPECIAL INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DR. SIGNATURE:   /s/  

LICENSE NUMBER: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

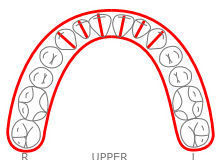
## CAD / PRINTED SPLINT DESIGNS

Scans should be sent in occlusion and pre-opened to desired printed bite thickness.

OK to adjust bite, if needed.

### CAD / PRINTED SRS

Upper

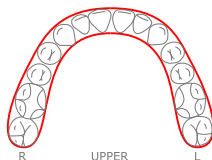


\*clasp not available

### CAD / PRINTED FLAT PLANE

Upper

Lower



\*clasp not available

### SEND ADDITIONAL

RX FORMS (AVAILABLE ON WEBSITE)

PREPAID LABELS  SHIPPING BOXES