

LAB USE ONLY

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* _____

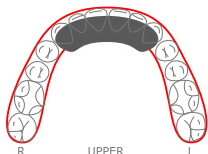
APPROVED TO CHARGE FOR EXPEDITED SHIPPING TO RETURN ON DATE NEEDED

CONTACT ME REGARDING CASE VIA PHONE VIA EMAIL

ACRYLIC SPLINT DESIGNS

ANTERIOR REPOSITIONING (ARS)

Upper

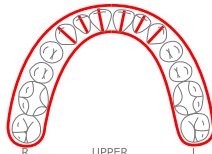


*claspings available

SUPERIOR REPOSITIONING (SRS)

Upper

Lower

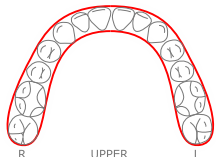


*claspings available

FLAT PLANE

Upper

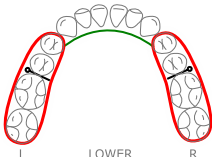
Lower



*claspings available

MORA (GELB DESIGN)

Lower



2 clasps (standard)

OTHER DESIGNS

Upper Lower

Dual Laminate

Soft Vinyl

Claspings options not available with soft vinyl or dual hardness materials.

SPLINT CONSTRUCTION

Articulated Models Enclosed

Panadent SAM Denar

Use Enclosed Wax Bite

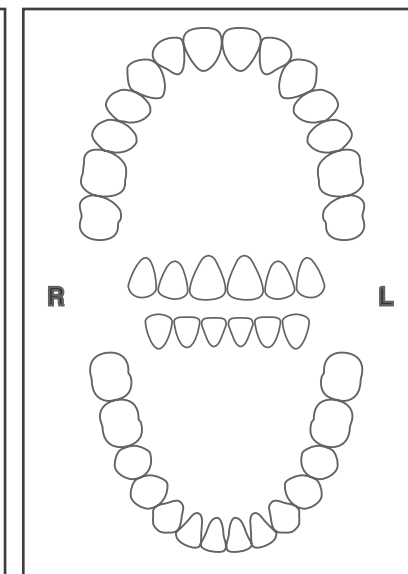
Articulate Models with Average Opening

Advance Mandible _____ mm

CLASPING OPTIONS (Indicate Position)

Ball Clasps

Arrow Clasps



SPECIAL INSTRUCTIONS

DR. SIGNATURE: _____

LICENSE NUMBER: _____ EXPIRES: _____