

SPLINT / SLEEP APPLIANCE / Rx

SPECIALTY APPLIANCES

ORTHODONTIC LABORATORY

<input type="checkbox"/> PHONE ME REGARDING THIS CASE	<input type="checkbox"/> SEND ADDITIONAL
<input type="checkbox"/> SPECIAL INSTRUCTIONS ON FILE	<input type="checkbox"/> RX FORMS
<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> SEND LAB	<input type="checkbox"/> MAILING LABELS
<input type="checkbox"/> ADDRESS CHANGE SERVICES PACKET	<input type="checkbox"/> SHIPPING SUPPLIES

Doctor _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Patient Name _____

Date Shipped _____ Date Needed _____

Approval to charge Express Shipping to return on date needed.

Appointment Date and Time _____

E-Mail Address _____

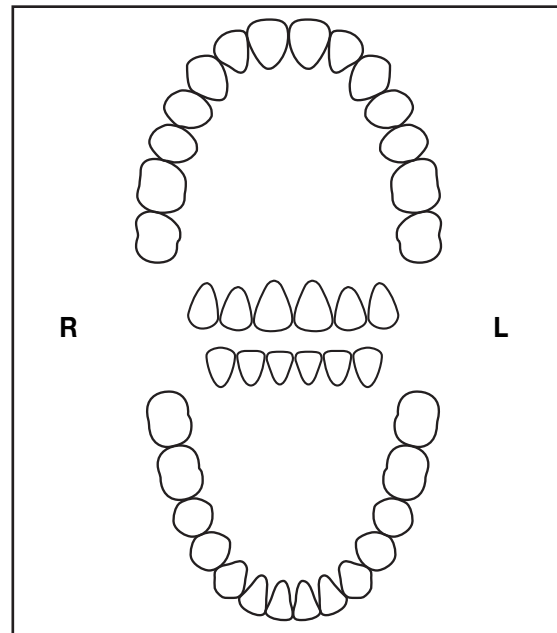
Office Use:

1 2 3 4 + PD: SA DR

Models: U L Both Bands Crowns Broken

Impressions: U L Both

Final Insp. _____



TMD SPLINTS

- | | | |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> Anterior Repositioning Splint (ARS) | <input type="checkbox"/> Upper | |
| <input type="checkbox"/> Superior Repositioning Splint (SRS) | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Flat Occlusal Splint | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Tanner Splint | | <input type="checkbox"/> Lower |
| <input type="checkbox"/> MORA (Gelb Design) | | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Acrylic Splint Herbst® | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Balanced Occlusal Splint | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Clear Splint | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |

SLEEP DISORDER DESIGNS

- | | | |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> Acrylic Splint Herbst® | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
|---|--------------------------------|--------------------------------|

OTHER SPLINT DESIGNS

- | | | |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> Damon® Stabilizing Design | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Brux Appliance—Hard Acrylic | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Brux Appliance—Soft Acrylic | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Dual Laminate Appliance | <input type="checkbox"/> Upper | |
| <input type="checkbox"/> Class III Facemask Splint | <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Kois Deprogrammer | <input type="checkbox"/> Upper | |

SPLINT CONSTRUCTION

- Articulated Models Enclosed
- Use Enclosed Wax Construction Bite
- Articulate Models w/ Average Opening
- Advance Mandible ____mm

ACRYLIC AND WIRE OPTIONS

- Index Posterior Acrylic Coverage
- Horseshoe Acrylic Palate
- Add Variflex® Acrylic
- Eclipse® Material
- Add Lingual Reinforcement
- Use Tooth Shade Acrylic
- Adams Clasps Upper Lower
- Ball Clasps Upper Lower
- Arrow Clasps Upper Lower
- C Clasps Upper Lower

SPECIAL INSTRUCTIONS

Herbst is a registered trademark of Dentaaurum MKT-8, 03-10

Dr. Signature: _____ License Number: _____

P.O. Box 100005 Cumming, GA 30028-9919 (for use only with Specialty Appliances prepaid business reply labels)

4905 Hammond Industrial Dr. Cumming, Georgia 30041 (for all cases shipped directly to street address)

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