


# Instructions for completing Splint Rx:



## Splint Appliance Rx

CONTACT ME REGARDING CASE

SPECIAL INSTRUCTIONS ON FILE

ADDRESS CHANGE

NEW ACCOUNT

SEND ADDITIONAL

RX FORMS

MAILING LABELS/SUPPLIES

OFFICE USE: 1 2 3 4 + PD: SA DR

MODELS: U L BOTH BANDS CROWNS BROKEN

IMPRESSIONS: U L BOTH

DISINFECT: \_\_\_\_\_ QA IN: \_\_\_\_\_ FINAL INSP: \_\_\_\_\_

DOCTOR \_\_\_\_\_ ACCT# \_\_\_\_\_ ★

ADDRESS \_\_\_\_\_

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

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

EMAIL \_\_\_\_\_

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

DATE SHIPPED \_\_\_\_\_ DATE NEEDED\* **REQUIRED**

\*Unless otherwise requested, we will manufacture and ship appliance within 7 to 10 working days from date of receipt.

APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

**SPLINT DESIGNS**

Anterior Repositioning Splint (ARS)  Upper  Lower

Superior Repositioning Splint (SRS)  Upper  Lower

Flat Occlusal Splint  Upper  Lower

Tanner Splint  Upper  Lower

MORA (Gelb Design)  Upper  Lower

Acrylic Splint Herbst\*  Upper  Lower

Balanced Occlusal Splint  Upper  Lower

1

**OTHER DESIGNS**

Damon® Stabilizing Design  Upper  Lower

Brux Appliance - Hard Acrylic  Upper  Lower

Brux Appliance - Soft Acrylic  Upper  Lower

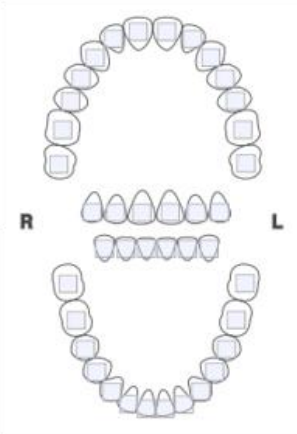
Dual Laminate Splint  Upper  Lower

Class III Facemask Splint  Upper  Lower

Deprogrammer  Upper  Lower

Kois Deprogrammer  Upper  Lower

Herbst® is a registered trademark of Dentsauron.



**SPLINT CONSTRUCTION**

Articulated Models Enclosed

Use Enclosed Wax Construction Bite

Articulate Models w/ Average Opening

Advance Mandible \_\_\_\_\_mm

2

**ACRYLIC AND WIRE OPTIONS**

Index Posterior Acrylic Coverage

Horseshoe Acrylic Palate

Add Variflex® Acrylic

Add Labial Bow

Add Lingual Reinforcement

Use Tooth Shade Acrylic

Ball Clasps  Upper  Lower

Adams Clasps  Upper  Lower

Arrow Clasps  Upper  Lower

C Clasps  Upper  Lower

Digital Scan Taken with:

iTero  Carestream

3Shape  Sirona

3M

3

SPECIAL INSTRUCTIONS

DR. SIGNATURE:          /s/ **REQUIRED**

LICENSE NUMBER:          **REQUIRED** EXPIRES mm/yy

P.O. BOX 100005, CUMMING, GA 30028-9919 (FOR USE ONLY WITH SPECIALTY APPLIANCES PREPAID BUSINESS REPLY LABELS)

4905 HAMMOND INDUSTRIAL DRIVE, CUMMING, GA 30041 (FOR ALL CASES SHIPPED DIRECTLY TO STREET ADDRESS)

(800) 522-4636 • IN GEORGIA (678) 513-4408 • FAX (678) 513-7345 • SPECIALTYAPPLIANCES.COM

01

**Opposing Arch:** All splints include some degree of occlusal acrylic and therefore requiring occlusal balancing during fabrication. For this reason, we strongly recommend including the opposing arch in your splint submissions.

02

**Advancement:** Specify any advancement information so the appliance will be fabricated to those specifications.

03

**Sending a Wax Bite? :** For digital cases, if a wax bite is being sent via mail, please include that information at the bottom of the rx so we do not begin fabrication until we receive the wax bite.



Please fill out the general information section **completely** to ensure that your order will be processed correctly and efficiently.

Also, the doctor's signature, license number and license number expiration date are required on all prescription sheets! If sending a digital rx, this section can be completed electronically!