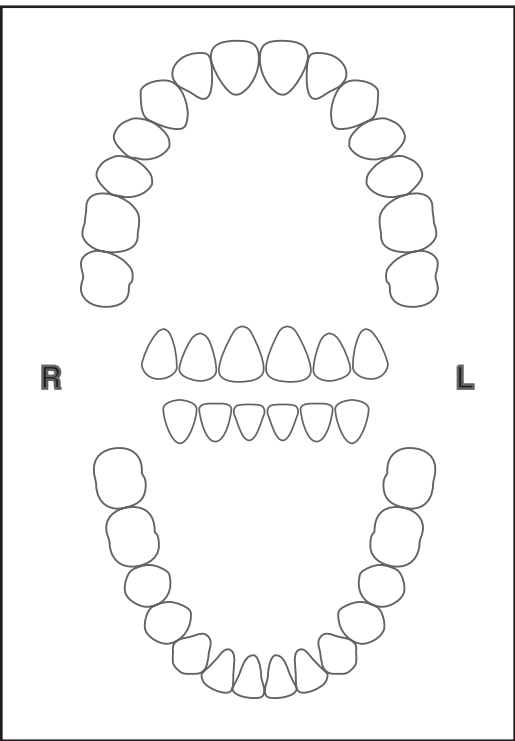


<input type="checkbox"/> CONTACT ME REGARDING CASE	<input type="checkbox"/> ADDRESS CHANGE	<b>SEND ADDITIONAL</b> <input type="checkbox"/> RX FORMS <input type="checkbox"/> MAILING LABELS/SUPPLIES
<input type="checkbox"/> SPECIAL INSTRUCTIONS ON FILE	<input type="checkbox"/> NEW ACCOUNT	

**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\*** \_\_\_\_\_  
\*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**

<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

**OTHER 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 Splint	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Class III Facemask Splint	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Deprogrammer	<input type="checkbox"/> Upper	<input type="checkbox"/> Lower
<input type="checkbox"/> Kois Deprogrammer	<input type="checkbox"/> Upper	

Herbst® is a registered trademark of Dentaureum

**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
- Horeshoe 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

**SPECIAL INSTRUCTIONS**

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

**DR. SIGNATURE:**       /s/       **LICENSE NUMBER:** \_\_\_\_\_ **EXPIRES:** \_\_\_\_\_