

**NOTIFICATION**

- 
- CONTACT ME REGARDING CASE
- 
- ADDRESS CHANGE
- 
- 
- SPECIAL INSTRUCTIONS ON FILE
- 
- 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 \_\_\_\_\_

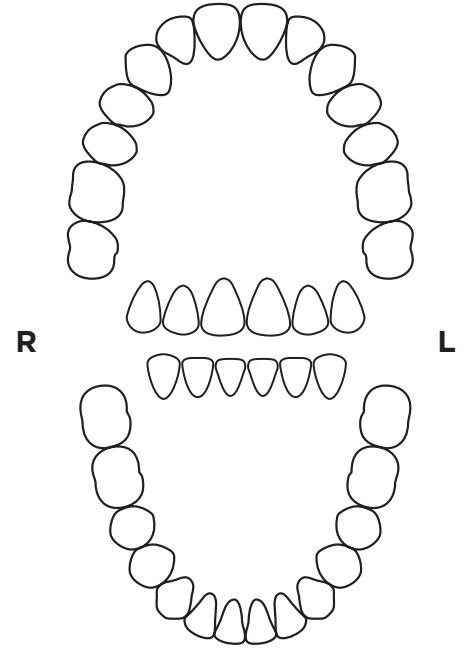
DATE SHIPPED \_\_\_\_\_ DATE NEEDED\* \_\_\_\_\_

*\*Date needed should be at least 1 day before appointment date.*

- 
- APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED

**DIGITAL SCAN TAKEN WITH:**

- 
- iTero
- 
- Carestream
- 
- 3M
- 
- 
- Trios
- 
- Omnicam
- 
- Other: \_\_\_\_\_



## REPOSITIONING SPLINTS

	UPPER	LOWER
Anterior Repositioning Splint (ARS)	<input type="checkbox"/>	
Superior Repositioning Splint (SRS)	<input type="checkbox"/>	<input type="checkbox"/>
Tanner Splint		<input type="checkbox"/>
MORA (Gelb Design)		<input type="checkbox"/>
Michigan Cuspid Rise	<input type="checkbox"/>	<input type="checkbox"/>
Damon® Stabilizing Design	<input type="checkbox"/>	<input type="checkbox"/>

## SPLINT CONSTRUCTION

- 
- Use Enclosed Wax Bite
- 
- 
- Advance Mandible \_\_\_\_\_ mm
- 
- 
- Open \_\_\_\_\_ mm
- 
- 
- Index Posterior
- 
- 
- Anterior Contact Only

## FLAT OCCLUSAL SPLINTS

	UPPER	LOWER
Flat Plane Splint	<input type="checkbox"/>	<input type="checkbox"/>
Balanced Occlusal Splint	<input type="checkbox"/>	<input type="checkbox"/>
Dual Laminate Splint	<input type="checkbox"/>	<input type="checkbox"/>
Brux Appliance - Hard Acrylic	<input type="checkbox"/>	<input type="checkbox"/>
Brux Appliance - Soft Vinyl	<input type="checkbox"/>	<input type="checkbox"/>
Deprogrammer	<input type="checkbox"/>	<input type="checkbox"/>
Kois Deprogrammer	<input type="checkbox"/>	

## ACCESSORIES

	UPPER	LOWER
<b>WIRE CLASPS</b>		
Lingual Reinforcement	<input type="checkbox"/>	<input type="checkbox"/>
Labial Bow	<input type="checkbox"/>	<input type="checkbox"/>
Ball Clasps	<input type="checkbox"/>	<input type="checkbox"/>
Adams Clasps	<input type="checkbox"/>	<input type="checkbox"/>
C-Clasps	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACRYLIC OPTIONS</b>		
Variflex® Acrylic	<input type="checkbox"/>	<input type="checkbox"/>
Acrylic Color - U _____	<input type="checkbox"/>	
Acrylic Color - L _____		<input type="checkbox"/>

**SPECIAL INSTRUCTIONS**


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DOCTOR SIGNATURE \_\_\_\_\_

License # \_\_\_\_\_ Expiration \_\_\_\_\_

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