



3404 Brecksville Road
 Richfield, Ohio 44286
 800.647.8748

RX No. _____



DATE _____
 DOCTOR _____
 PATIENT _____
 AGE/D.O.B. _____ Male/Female
 DATE REQUIRED _____

ITEMS RECEIVED	
<input type="checkbox"/>	Upper Impression
<input type="checkbox"/>	Lower Impression
<input type="checkbox"/>	Upper Model
<input type="checkbox"/>	Lower Model
<input type="checkbox"/>	Bite Registration
<input type="checkbox"/>	Protrusive Bite Registration
<input type="checkbox"/>	Photos

PRODUCT INFORMATION

Select your preferred build preference:

Basic Standard (includes lingual ramps*) Premium (includes lingual ramps* & omega loop**)

*Bilateral lingual ramps on mandibular arch to facilitate upward and forward position of the tongue

**Maxillary mid-line omega loop to allow for natural expansion and contraction of the maxillary arch

Optional Build Feature:

Soft lining (upper arch) Soft lining (lower arch)

Specify Vertical Measurement:

5.5mm 6.5 mm
 8.0 mm Other _____

SPECIAL INSTRUCTIONS: _____

Dr. Signature _____

Lic. No. _____

Address _____

Phone _____