







PLEASE PRINT IN CAPITAL LETTERS

Dentist Name: (first and last name)																License #:											
Practice Name:																					Today's Date:	M	M	D	D	Y	Y
Address:																					Received Date:	OFFICE USE ONLY					
																					Due Date:	M	M	D	D	Y	Y
City:											State: or Province			Zip: or Postal					Due Date not required. From date case is received at SomnoMed, please allow 10 working days for return delivery of completed appliance. When shipping please keep tracking number for your records.								
Phone:						-						-						Ext:									
Referring Physician:											Patient Name: (first and last name)	L A S T F I R S T															

MODEL: (Any device can be made ½ Flex and ½ Acrylic depending on dentition. Please specify in comments.)

OPTIONAL FEATURES:

<input type="checkbox"/> SomnoDent® MAS Flex  <p>Made from our unique SMH BFlex material and acrylic that provides superior retention and comfort. Patients and dentists may prefer this model, particularly where crown and bridge work is present.</p>	<input type="checkbox"/> SomnoDent® MAS Acrylic  <p>Made from the highest quality acrylic that will not discolor, the MAS acrylic has been specifically designed to offer stability, comfort and quality. It is held in position by ball clasps.</p>	<input type="checkbox"/> SomnoDent® MAS Edentulous  <p>Designed for patients with no upper teeth and made from either acrylic or SMH BFlex. Please note as a recommended minimum pre-requisite, the patient should have six lower teeth (3-3) in the mandible.</p>	<input type="checkbox"/> Flex <input type="checkbox"/> Acrylic	<input type="checkbox"/> Elastic Retention Allows orthodontic elastic to be attached to hooks on both sides to help hold patient's mouth in closed position.	
				<input type="checkbox"/> Vertical Adjustment Disclusion Ramp. Has anterior 'ramp' built onto upper plate, designed to disclude posterior region. _____ or _____	
				<input type="checkbox"/> Anterior Opening Allows room for forward tongue posturing.	
				<input type="checkbox"/> Other	

PATIENT DATA:

1. George Gauge™ Centric Record.....	MM
2. George Gauge™ Maximum Protrusion.....	MM
3. Total range available (distance between centric and maximum).....	MM

4. George Gauge™ Start Position.....	MM
(Full anterior to posterior extension of bite material. 60% - 80% of total available range.)	
5. Are skeletal midlines on protrusion aligned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If no, how many MM to the LEFT <input type="checkbox"/> or RIGHT <input type="checkbox"/> ?.....	MM

ENCLOSED:

<input type="checkbox"/> Upper and lower impressions (PVS or Silicone only)
<input type="checkbox"/> Upper and lower models
<input type="checkbox"/> Protrusive bite registration Please note: protrusive bite registration should have 5.0mm opening at incisors.

COMMENTS:

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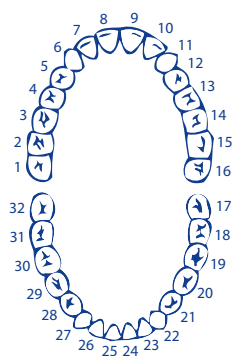
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PLEASE SEND:

<input type="checkbox"/> Lab Slips	<input type="checkbox"/> Patient Brochures*
<input type="checkbox"/> Shipping Labels	<input type="checkbox"/> Flex Demo*
<input type="checkbox"/> Shipping Boxes	<input type="checkbox"/> Acrylic Demo*
<input type="checkbox"/> George Gauge™	<input type="checkbox"/> Edentulous Flex Demo*
<input type="checkbox"/> Bite Forks*	<input type="checkbox"/> Edentulous Acrylic Demo*

*Call for pricing.

REMAKE:

<input type="checkbox"/> Maxillary Arch	<input type="checkbox"/> Mandibular Arch
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Reason:

<input type="checkbox"/> Lost/Destroyed
<input type="checkbox"/> Distorted Original Model(s) or Impression(s) Please return original model(s) and original appliance with new model(s) or impression(s).
<input type="checkbox"/> Other (please specify in comments)

Please enclose a bite registration and opposite arch of appliance.

RESET:

<input type="checkbox"/> Use new bite registration or
<input type="checkbox"/> Reset protrusive to currently titrated position

A maxillary and mandibular model are needed for proper articulation.

REPAIR:

Each SomnoDent MAS® has a 1 year manufacturer's warranty. If claiming a warranty repair please enclose a copy of the appliance's original invoice.

Original Insertion Date:	M	M	D	D	Y	Y
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REWORK:

DENTIST SIGNATURE