

Dental Prosthetic Services

Sleep/Orthodontic Appliances



Doctor : _____ Patient: _____
 Address: _____ Age: Youthful Middle-Age Mature
 City: _____ Gender: Male Female
 State: _____ Zip: _____
 Phone: () _____ Deliver by 5:00 on: _____
 Special Delivery Instructions: _____

OSA Appliances

Select appliance type

OASYS™ SomnoDent™
 Elastics
 EMA® Custom Bite ramp

Materials Enclosed

Upper model Lower model
 Protrusive bite George Gauge

Please indicate any crowns on diagram below

Special Instructions:

Orthodontics

General Information

Maxillary Mandibular

Splints

Durasplint Hard Acrylic
 Flat Plane Cuspid Rise
 Anterior Guidance Centric Contact

Mouthguard

Proform
 Athletic Guard Strap
 Night Guard

Retainers

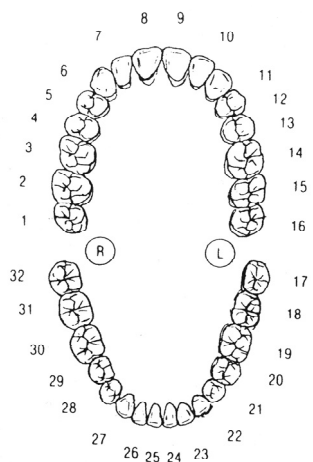
Hawley Retainer
 Other Retainer
 Claspings
 Ball Adams

Color

Rosa (standard) Blue Green Purple Yellow
 Camo Tiger Zebra
 Rainbow Polka Dots

Space Maintainers

Unilateral Bilateral Nance



Miscellaneous

Soap Models Bleaching Laminate
 Relief No Relief

I would like a phone call regarding instructions

Comments: _____

Please send my office:

Rx (Fixed) Rx (Removable)
 Rx (Sleep/Ortho)
 Boxes Mailing Labels

1150 Old Marion Road, NE
 Cedar Rapids, Iowa 52402
 319-393-1990 / 800-332-3341
 Fax 319-393-8455
 E-Mail dps@dpsdental.com

Doctor Signature _____