

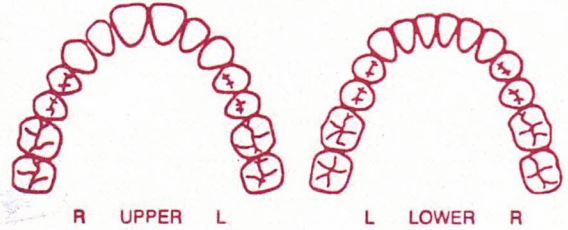
SPLINT / ESSIX / PRESCRIPTION

- Phone Me Concerning this Case
- Special Instructions on File
- Insurance Required
- Patient Has Insurance
- Duplicate Casts

- PLEASE SEND:
- RX Sheets
 - Mailing Labels
 - Plastic Bags
 - Shipping Boxes



Dr. _____
 Address _____
 City _____ Prov. _____ PC _____
 Phone () _____
 Patient _____
 Date Shipped _____
 Date Required _____
 In Chair _____ AM _____ PM



Acrylic Colour (refer to shade guide) Clear Anterior/Pink Posterior Clear Pink Tint Decal Glitter
 Other _____

TYPE

- NIGHTGUARD Upper Lower
- FLAT PLANE SPLINT
 - Upper Lower
- CENTRIC RELATION SPLINT
- ANTERIOR REPOSITIONING SPLINT
 - Upper Lower
- GELB SPLINT KOIS DEPROGRAMMER
- TANNER SPLINT NTI JIG
- L.A.R.S. NTI SPLINT
- SVED APPLIANCE
- OTHER _____

MATERIAL

- HARD ACRYLIC
- IMPAK-THERMAL
- HARD-SOFT ACRYLIC
- BIOCRYL TEMPLATE
- OTHER _____

DESIGN

- HOESHOE PALATE
- FULL PALATAL COVERAGE
- LABIAL ACRYLIC
- BUCCAL ACRYLIC
- SCALLOPED ACRYLIC
- DO NOT SCALLOP
- OTHER _____

NEUROMUSCULAR

- GOLDEN SHIMBASHI _____MM
- NEUROMUSCULAR ORTHOTIC
 - FLAT PLANE ORTHOTIC

OCCCLUSION

- SMOOTH OCCLUSAL SURFACE
- LIGHT OCCLUSAL CONTACTS
- HEAVY OCCLUSAL CONTACTS
- CUSPID RISE
- PROTRUSIVE RAMP
- ANTERIOR REPOSITIONING INCLINE
- OTHER _____

CLASPING

- BALL CLASPS
- ADAMS CLASPS
- "C" CLASPS
- ARROW CLASPS
- FINGER CLASPS
- NO CLASPING
- OTHER _____

ESSIX

- 1mm SCALLOP NO SCALLOP
- OTHER TYPE A TYPE C
- 1.5mm 2mm

Special Instructions _____