# SPLINT / ESSIX / PRESCRIPTION

| | |
|---|---|
| □ Phone Me Concerning this Case | PLEASE SEND: |
| □ Special Instructions on File | □ RX Sheets |
| □ Insurance Required | □ Mailing Labels |
| □ Patient Has Insurance | □ Plastic Bags |
| □ Duplicate Casts | □ Shipping Boxes |

CLASS ONE ORTHODONTIC LAB 2000 ®

Dr.

Address

City Prov. PC

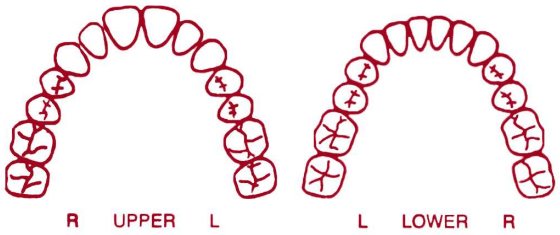
Phone ( )

Patient

Date Shipped

Date Required

Patient Booked Yes □ No □ Time: AM PM Date




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

***TYPE***

□ **NIGHTGUARD** □ **Upper** □ **Lower**
□ **FLAT PLANE SPLINT** □ **Dr's Bite**
□ **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** □ **ASTRON-THERMAL**
□ **HARD-SOFT ACRYLIC** □ **ASTRON-HARD-SOFT**
□ **BIOCRYL TEMPLATE**
□ **OTHER** _____

***DESIGN***

□ **HORESHOE PALATE**
□ **FULL PALATAL COVERAGE**
□ **LABIAL ACRYLIC**
□ **BUCCAL ACRYLIC**
□ **SCALLOPED ACRYLIC**
□ **DO NOT SCALLOP**
□ **OTHER**

***NEUROMUSCULAR***

**GOLDEN SHIMBASHI ____MM**
□ **NEUROMUSCULAR ORHTOTIC**
□ **FLAT PLANE ORTHOTIC**

***OCCLUSION***

□ **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**

□ **SCALLOP** □ **NO SCALLOP**
□ **TYPE A** □ **TYPE C**
□ **1mm** □ **1.5mm** □ **2mm**
□ **OTHER**

*Special Instructions* _____

If you are out of Prescription forms you can download at www.classonedentallab.com

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