

SPLINT / ESSIX / PRESCRIPTION

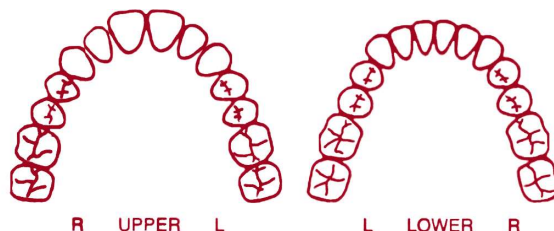
- ☐ Phone Me Concerning this Case
- ☐ Special Instructions on File
- ☐ Insurance Required
- ☐ Patient Has Insurance
- ☐ Duplicate Casts

PLEASE SEND:

- ☐ RX Sheets
- ☐ Mailing Labels
- ☐ Plastic Bags
- ☐ Shipping Boxes



Dr. _____
 Address _____
 City _____ Prov. _____ PC _____
 Phone () _____
 Patient _____
 Date Shipped _____
 Date Required _____
 Patient Booked Yes ☐ No ☐ Time: AM PM Date _____



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 ORTHOTIC
- ☐ 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

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

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

Special Instructions _____

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