

**SNORING/SLEEP APNEA
PRESCRIPTION**



Great Lakes Orthodontics, Ltd.
200 Cooper Avenue, Tonawanda, N.Y. 14150
Toll Free: 800-828-7626

PLEASE PRINT

Account # LO _____ **PO #** _____

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PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

DOCTOR: _____

ADDRESS: _____
(Specify if ship to address is different)

CITY: _____ STATE: _____ ZIP: _____

Provide PHONE: (____) _____

Country & City Code FAX: (____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

LAB USE ONLY

Disinfected **D#** _____
0 1 2 3 4 5 6 7 8 9

Rcvd: _____

B# _____ Via _____

QC: _____ Shp: _____

Needs DD Call Rec: _____

NO BITE / MDL - B / C

Please Provide: Boxes Labels Appl. Protection Program
 Rx (specify appl. type): _____

IMPORTANT! Always retain models and bite until appliance is seated. Should a problem occur, warranty is voided if original model(s) or bite is not returned. Damage to models may occur during fabrication, please request under special instructions if duplication (additional fee) of model(s) is required.

Klearway™ Appliance:

A thermal active material is formed over the upper and lower arches. These are then connected lingually with an expansion screw allowing 10mm of further mandibular advancement or 1mm of retrusion if necessary from the original bite registration.

APPLIANCE PROTECTION PROGRAM NOT AVAILABLE

Bite Registration- 5mm vertical incisal clearance and 65% mandibular protrusion. The laboratory may need to open the bite depending on curve of spee or deep bite cases.

Standard Clasp- Includes adams clasps at lower bicuspid to anchor tubes, ball clasps at bi and molar regions.

OPTIONS:

Clasping - indicate alternate clasp and placement

Adams Clasps 7 6 5 4 | 4 5 6 7
 Other _____ 7 6 5 4 | 4 5 6 7

Locking Bend (Standard)- to assure upper and lower appliances remain connected during lateral movement, for severe Bruxers.

Herbst® Sleep Appliance:

The metal framework and Standard Herbst hardware are contained within all material choices. Provides full occlusal coverage of upper and lower arches and elastic hooks for maintaining the mandible. Please choose hard, or thermal active material variation.

When natural undercuts are not present, ball clasps (additional fee) may be necessary for greater retention.

BITE REGISTRATION- 5mm vertical incisal clearance and 50-75% mandibular protrusion.

MATERIAL OPTIONS- Full occlusal coverage, includes elastic hooks.

Hard Acrylic (standard)
 Variflex™ Thermal Active Material

HARDWARE OPTIONS- *If no option is chosen, the lab will use shim advancement with slot head screw.

Telescopic Advancement- Threaded adjustment collar, 5mm max adjustability, hex head screws.

Original Arms Heavy Duty Arms

Shim Advancement- Adjusted with shims in 1, 2 or 3mm increments.

Slot Head Screw (standard) Hex Head Screws

OPTIONS:

Retrusion Allowance

0mm 1mm (standard) 2mm 3mm

Clasping for Retention-

Ball Clasps Other _____

Auxiliaries-

Elastics (#64) Shim Kit (2 ea 1, 2, 3mm)
 Comfort Caps® Comfort Solutions (pkg of 20)

Master Rx on File # _____

Special Instructions: _____

NAPA- Nocturnal Airway Patency Appliance:

The upper and lower arches are engaged in an acrylic block. An oral breathing beak provides airway clearance.

- Bite Registration- 5mm vertical incisal clearance and 50-75% mandibular protrusion.
- Standard Clasp- The 1st bicuspid and 1st molar, upper and lower are clasped.

OPTIONS:

Variflex NAPA- (Thermal Active) A variation on the original design, clasping optional. Ideal for patients with sensitive teeth, crowns, bridgework or partially edentulous dentition.

No External Breathing Beak

Elastomeric Sleep Appliance*:

The upper and lower arches are fully engaged in a soft silicone material. An adequate airway space is provided in the standard design.

Bite Registration- 5mm vertical incisal clearance and 50-75% mandibular protrusion.

**Not Recommended for Bruxers*

Other Sleep Appliance Options:

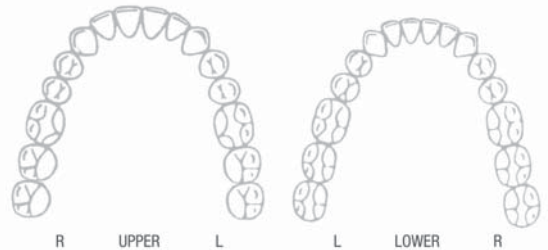
aveo TSD- Tongue Stabilizing Device: Soft silicone material stretches to engage tongue comfortably and position it forward with gentle suction and secure fit. On size fits all.

Auxiliaries:

- George Gauge 056-022 2mm Inserts (25/pkg) 056-023 5mm Inserts (25/pkg) 056-024
- George Gauge Inserts Combo Pack (12)-2mm, (12)-5mm 056-025
- George Gauge Pkg. 056-021 inc: gauge, combo insert pack(24) & DVD
- Pro-Jet Bite Jigs 2mm (25/pkg) 056-019 Pro-Jet Bite Jigs 4mm (25/pkg) 056-020
- Mandibular Stabilizer _____Red 155-028 _____Blue 155-029
- EZ Key (10/pkg) 140-020 DentaSOAK™ 235-022 (3 month Supply)

PEASE NOTE:

Illustrate discrepancy of dental midlines in construction position. If no indication, we will follow bite registration.



License #: _____

Dr. Signature: _____

CUSTOMER RETAIN YELLOW COPY - RETURN WHITE COPY TO LABORATORY

Local: 716-871-1161 Fax: 716-871-0550 Email: info@greatlakesortho.com Website: www.greatlakesortho.com Lab FM-9 Rev 9/4/08

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