



PLEASE PRINT

Account # LO _____ **PO #** _____

B I L L I N G PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)
DOCTOR: _____
ADDRESS: _____
(Specify if ship to address is different)

A D D R E S S CITY: _____ STATE: _____ ZIP: _____
PHONE: (_____) _____
FAX: (_____) _____
EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

LAB USE ONLY Incoming # cases 1 2 3 4 5+

Customer Used: GLO Acct 2 Day On Call

Portal Upload - No Frt (99) Cust Acct - No Frt (99)

Disinfected 0 1 2 3 4 5 6 7 8 9

Rcvd: _____

B# _____ Via: _____

QC: _____ LPD/Shp: _____

Needs DD Call Rec: _____

NO BITE / MDL - B / C

Doc# _____ Digital ID# _____

Please Provide: Boxes Labels Rx (specify appl. type): _____
Qty: _____
 Appliance Protection Program (additional fee)

**IMPORTANT! Always retain models and bite until appliance is seated.
Damage to models may occur during fabrication, please mark Rx if duplication (additional fee) of model(s) is required.**

Fabrication Requirements:

****Prior to your first order the clinician must be a registered RiPPLE® provider and receive a RiPPLE® starter kit.
To get started visit: www.rippleretainers.com.**

- RiPPLE® Retainer
- RiPPLE® plus+

Model Requirements:

Upper and Lower choose PVS or alginate impressions, stone models, or submit intraoral scans.

Bite Registration Requirements:

Using the SPG 'Sleep Position Guide' capture the bite in PVS or scan in the optimum 'Sleep Position'.

- My bite is enclosed
- Bite is scanned in the SPG fabrication position

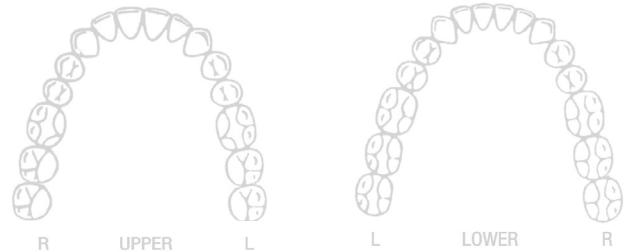
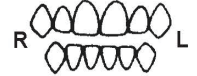
SPG Bite Setting Record:
VDO (circle) 0 2 4 6
A/P +/- _____

Reasons for Treatment:

- Preventative
- Bruxism
- TMD
- Headaches
- Daytime tiredness
- Retention
- Snoring
- Mild OSA
- Moderate OSA
- Severe OSA
- CPAP Combination
- Other _____

PLEASE NOTE:

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



Special Instructions: _____

Master Rx on File # _____

License #: _____

Dr. Signature: _____