

**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 #** \_\_\_\_\_

**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: \_\_\_\_\_ Qty: \_\_\_\_\_

(specify appliance type)

Appliance Protection Program **(NOT AVAILABLE)**

**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.**

**Herbst® Sleep Appliance:**

Full occlusal coverage on the upper and lower arches with a metal framework is contained within all material choices. Please choose hardware and material option. *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. The laboratory may need to open the bite depending on curve of spee or deep bite cases.

**MATERIAL OPTIONS-**

- Hard Acrylic (standard)**
- Variflex™ Thermal Active Material**
- Soft EVA Material** - White STANDARD also available in:
  - Red  Black  Blue  Green  Clear

**ADVANCEMENT HARDWARE OPTIONS-** Telescopic Standard

- Telescopic-** Threaded adjustment collar, 5mm max adjustability.
- Shim Advancement-** Adjusted with shims in 1, 2 or 3mm increments.

**OPTIONS:**

- Hex Head Screw (standard)  Slot Head Screws

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)

**TAP® Appliances: Thornton Anterior Positioner**

Airway Management family of appliances each include an adjustment key, appliance cup, one AM Aligner, Clinical fitting instructions and patient instruction booklet.

Bite Registration- 5mm vertical incisal clearance with a conservative advancement of 30% of the patients full protrusive range, the appliance will provide 10mm of further advancement (5mm retrusion allowance).

- dreamTAP™  TAP 1®  TAP 3®

**OPTIONS:**

- Hard/Soft (Clear) standard  Hard/Soft (Blue)  ThermAcryl

**dreamTAP™ Rhea® Appliance:**

The dreamTAP Rhea can be easily seated with little or no adjustments. Simply heat the appliance in the Rhea Conditioning Unit and have the patient close into it. Requires no clasping. Your first dreamTAP Rhea includes the conditioning unit and strainer (additional fee).

**ADDITIONAL:**

- Rhea Conditioning Unit  Strainer

**NAPA- Nocturnal Airway Patency Appliance:**

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

**OPTIONS:**

- Variflex NAPA- (Thermal Active) A variation on the original design, clasping optional.
- No External Breathing Beak
- No Beak - Cap Anterior Teeth

Master Rx on File # \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**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.

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 Clasping- Includes adams clasps at lower bicuspid to anchor tubes, ball clasps at bi and molar regions. Please indicate alternate clasping type and location under special instructions.

**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.  
\*Not Recommended for Bruxers

(For further details on sleep appliances see our website @greatlakesleep.com)

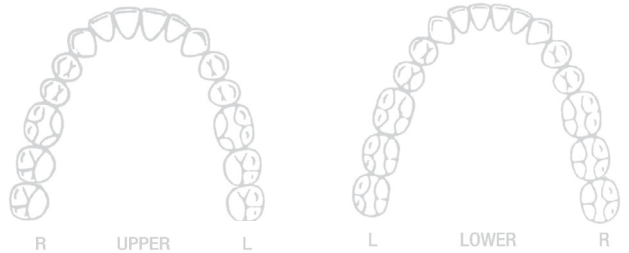
**Auxiliaries & Other Sleep Appliance Options:**

- MPowRx™- Non-Custom Snoring and Sleep Apnea Appliance 255-040
- George Gauge 056-022  2mm Inserts Grey Long (25/pkg) 056-032  5mm Inserts White Long (25/pkg) 056-033
- 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
- my TAP™ 255-092  AM Aligner (10/pkg) 255-041
- Mandibular Stabilizer \_\_\_\_\_ Red 155-028 \_\_\_\_\_ Blue 155-029
- EZ Key (10/pkg) 140-020  DentaSOAK® 235-023 (1 month Supply)

**Dental Midline Consideration: If no indication, we will follow bite registration.**



Define Discrepancy of Dental Midlines:  
Upper to lower midline deviates to Pt.  R or  L by \_\_\_\_mm



License #: \_\_\_\_\_

Dr. Signature: \_\_\_\_\_