# 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 #** _____

**BILLING ADDRESS**

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

DOCTOR: _____

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

_____

CITY: _____ STATE: _____ ZIP: _____

*Provide Country & City Code*

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 hardwork 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 (standard) ☐ ThermAcryl

## ☐ 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.

## ☐ 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 Clasping- 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*

## 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: _____

☐ Master Rx on File # _____

Special Instructions: _____


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