

PLEASE PRINT

Account # C0 _____ **PO #** _____

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

I DOCTOR: _____

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

A CITY: _____ STATE: _____ ZIP: _____

D PHONE: (_____) _____

R Provide Country & City Code FAX: (_____) _____

E EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

PLEASE READ

The 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 Rhea includes the conditioning unit and strainer.

If you would like us to follow the specifications of a particular clinician, please specify: _____

Articulator used: _____

Splints Must Select Arch & Appliance Design

- UPPER
- LOWER

- Rhea - Wearguard
 - Rhea - Flat Plane (no guidance)
 - Rhea - Full Contact with Anterior Guidance
- NOTE:** To compensate for curve of Spee, please:
- Increase opening
 - Provide steeper guidance

Rhea Wearguard

Ideal for bruxing patients to protect against wear as well as to protect veneers and restorations.

- No bite registration required
- No opposing model required
- After heating/softening, seats to patients most comfortable position

Minimizes chair-side adjustments

Rhea Flat Occlusal Plane

Ideal for patients with occlusal muscle disorder or certain intracapsular disorders and for long-term wear. Also offers protection against wear for bruxing patients.

- CR bite and opposing models required*

Finished appliance needs little or no adjustments

**Facebow transfer optimizes results*

Rhea Full Contact with Anterior Guidance

Provides immediate disclusion of posterior teeth (ramp provides guidance.)

Ideal for patients with occlusal muscle disorder or certain intracapsular disorders and for long-term wear. Also offers protection against wear for bruxing patients.

- CR bite and opposing models required*

Finished appliance needs little or no adjustments

**Facebow transfer optimizes results*

Additional

- Rhea Conditioning Unit
- Strainer

LAB USE ONLY		Incoming # cases _____	
Customer Used:		<input type="checkbox"/> GLO Acct	<input type="checkbox"/> 2 Day On Call
<input type="checkbox"/> Portal Upload - No Frt (00)		<input type="checkbox"/> Cust Acct - No Frt (00)	
<input type="checkbox"/> Disinfected	0	1	2 3 4 5 6 7 8 9
Rcvd: _____			
B# _____	Via: _____		_____
Shipment Date _____	Planned Shipment Date _____		_____
(QC): _____	(LPD): _____		_____
Estimated Delivery Date _____	Promised Delivery Date _____		_____
ND _____	(Rec): _____		_____
NO BITE / MDL - B / C	Source: _____		_____
	Campaign: _____		_____
Align ID# _____	Dig ID# _____		_____

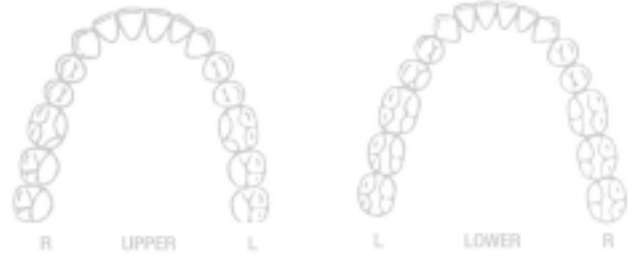
Please Provide: Boxes Labels Rx (specify appl. type): _____
Qty: _____

Appliance Protection Program (additional fee)

IMPORTANT!

Models will not be returned unless requested. We are so confident with the precision fit of the Rhea appliances, that returning models is no longer necessary.

Always return my models



Special Instructions: _____

Master Rx on File # _____

License # _____ Dr. Signature: _____

Lab Use Only	<input type="checkbox"/> Dup	<input type="checkbox"/> DM	<input type="checkbox"/> CNC Mount	<input type="checkbox"/> No Bite
Art # _____	DRPS _____	LPS _____	_____	
<input type="checkbox"/> D	<input type="checkbox"/> SII	<input type="checkbox"/> SIII	<input type="checkbox"/> DC	<input type="checkbox"/> W
<input type="checkbox"/> ARTX	<input type="checkbox"/> STRS	_____		
<input type="checkbox"/> HAN	<input type="checkbox"/> PAN	<input type="checkbox"/> Kavo	_____	
DR ART / DR BITE FORK / DR JIG				