

PLEASE PRINT

Account # C0 _____ **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

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

LAB USE ONLY Incoming # cases _____

Customer Used: GLO Acct 2 Day On Call

Portal Upload - No Frt (00) Cust Acct - No Frt (00)

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: _____

Align ID# _____ Location: _____

Dig ID# _____

DATE SHIPPED: _____

DATE DUE: _____

1 day before appointment

IMPORTANT! With physical stone model orders, your original models and bite registration will be discarded. New printed models will be returned.

OrthoApnea NOA is a mandibular advancement device. Comprised of upper and lower appliances attached by a cam and follower mechanism that maintains advancement and controls opening. The mandibular advancement occurs when exchanging the lower appliance.

Recommended for snoring, mild to moderate sleep apnea if CPAP is refused, or alternately with CPAP.

Warranty voided with dental changes, damaged outside of normal wear, abuse or misuse.

Dental Midline in MI:
 Right Left _____ mm Even

Lateral Deviation in Protrusive Bite:
 None - The midline in protrusive is the same as MI
 Yes - Lateral deviation in protrusive bite is correct
_____ mm Patient- Left Right

OrthoApnea NOA Device Configuration Settings:

Vertical Dimension:
 As per registration Minimum possible (3mm)
 Ok to Open

Advancement Sequence:
 Standard - [1] / SP / [1] / [2]
 Customized (mm or %) SP _____
 Additional Splints _____

Device Opening Limit:
 Standard 7mm Custom (0-12mm) _____ mm

Lateral Allowance:
 Standard 4mm Custom (0-5mm) _____ mm

Cover Third Molar: No Yes Half

Elastic Hooks: No Yes

**If retention is an issue:
Design Change**

Call if Needed Ok to Change

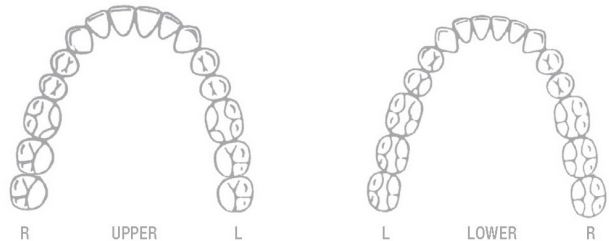
Buccal Bands:
Upper Full 1/2 Lingual 1/2 Buccal Slight Cap Buccal Lingual
Lower Full 1/2 Lingual 1/2 Buccal Slight Cap Buccal Lingual
STANDARD

Anterior Design:
 Anterior Opening Full Anterior Contact

Design of the Splints:
 Posterior Scallop STANDARD Full Scallop

IDENTIFY DENTAL CONCERNS (with an X over the tooth) Special care will be taken to reduce the retention on those teeth, for example:

- Implant(s) • Crown(s) • Bridge(s) • Fragile Fixed Prosthesis • Sensitive Teeth
- Tooth with Root Canal Treatment • Massive Tooth Filling



License #: _____

Dr. Signature: _____

Master Rx on File # _____

Special Instructions: _____