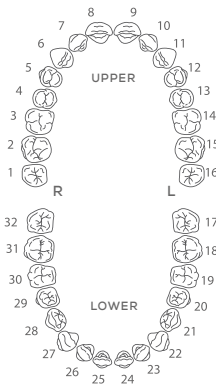


DR NAME _____ **PT NAME** FIRST _____ AGE _____
 ADDRESS _____ LAST _____ FEMALE MALE
 CITY _____ STATE _____ ZIP _____ PHONE _____ **DUE DATE** FINISH _____ TRY IN _____ **CALL ME**

ENCLOSED WITH CASE: Model Metal Trays Teeth Shade Tab Articulator Bite Impressions Photo (Preferred) Other _____

ORTHODONTICS		<input type="checkbox"/> ORTHO GUARD INSURANCE		SLEEP THERAPY <input type="checkbox"/> Add "oral CPAP" attachment to the appliance selected below.	
REMOVABLE U L <input type="checkbox"/> 3-Way <input type="checkbox"/> Acrylic Spacer <input type="checkbox"/> Anterior Spring Clip <input type="checkbox"/> Bionator <input type="checkbox"/> Circumferential Retainer <input type="checkbox"/> Dual Laminate Retainer <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Invisible Retainer <input type="checkbox"/> Modified Spring Retainer <input type="checkbox"/> Nord <input type="checkbox"/> QCM Retainer <input type="checkbox"/> Sagittal <input type="checkbox"/> Schwarz <input type="checkbox"/> Triplex Corrector Series <input type="checkbox"/> Wick Flat-Bow <input type="checkbox"/> Other _____ <input type="checkbox"/> PONTIC SHADE _____	FIXED U L <input type="checkbox"/> 3x3 Hulsink <input type="checkbox"/> 3x3 Lingual Bonded <input type="checkbox"/> Banded RPE <input type="checkbox"/> Banded Herbst <input type="checkbox"/> Bilateral 6x6 5x5 4x4 <input type="checkbox"/> Bonded RPE <input type="checkbox"/> Clark Trombone <input type="checkbox"/> Coil Spring Regainer <input type="checkbox"/> Distal Jet <input type="checkbox"/> Distal Shoe <input type="checkbox"/> Earch/Arnold <input type="checkbox"/> Fixed Habit Crib <input type="checkbox"/> Fixed Sagittal <input type="checkbox"/> Haas <input type="checkbox"/> Hilgers Pendulum <input type="checkbox"/> Loop Lingual <input type="checkbox"/> Lower Screw Expander <input type="checkbox"/> Nance Button <input type="checkbox"/> Ni-Ti Expander	FIXED U L <input type="checkbox"/> Pedo Partial <input type="checkbox"/> Porter / w Arch <input type="checkbox"/> Riconator <input type="checkbox"/> Quad Helix <input type="checkbox"/> Transpalatal Arch <input type="checkbox"/> Unilateral <input type="checkbox"/> Other _____ FOR REMOVABLE ADD U L <input type="checkbox"/> Ant. Bite Plane <input type="checkbox"/> Bracket Removal <input type="checkbox"/> Clark Twin Blocks <input type="checkbox"/> Habit Crib <input type="checkbox"/> Headgear Tubes <input type="checkbox"/> Occlusal Acrylic <input type="checkbox"/> Reset Teeth	THERAPEUTICS U L <input type="checkbox"/> Bleaching Tray <input type="checkbox"/> Brux-eze™ Splint <input type="checkbox"/> Comfort Clear <input type="checkbox"/> Comfort H/S™ <input type="checkbox"/> DSG Relaxer™ <input type="checkbox"/> Gelb Splint <input type="checkbox"/> Hard Splint <input type="checkbox"/> Rem-e-deze™ Splint <input type="checkbox"/> Sports Guard FOR FIXED ADD U L <input type="checkbox"/> Bracket Bands <input type="checkbox"/> Habit Crib <input type="checkbox"/> Headgear Tubes <input type="checkbox"/> Ling. Horiz. Sheaths <input type="checkbox"/> Mershon Attach./Iok-tites <input type="checkbox"/> Wilson 3-D Attachments	ADJUSTABLE PM POSITIONER™ (APM™) <input type="checkbox"/> Ultra Adjustable PM Positioner™ (Standard Design w/ stream-lined screws: Brux-eze) <input type="checkbox"/> Ultra APM™ "Rem-e-deze" (Occlusal: Hard Acrylic, Facial/Lingual: Brux-eze) <input type="checkbox"/> APM Positioner™ (U & L Brux-eze splints fused together without screws) <input type="checkbox"/> Trial APM Positioner™ (Temporary soft vacuum splints fused together without screws) SOMNODENT MAS® (2-part appliance w/ exclusive "fin-coupling" buccal adjustment mechanism) <input type="checkbox"/> SomnoDent® MAS <input type="checkbox"/> Standard (hard, clasp) <input type="checkbox"/> Add Vertical Elastic Hooks <input type="checkbox"/> SomnoDent® Fusion <input type="checkbox"/> Flex <input type="checkbox"/> Scalloped Lingual <input type="checkbox"/> SomnoDent® Herbst <input type="checkbox"/> Add Upper Anterior Deprogramming Bump <input type="checkbox"/> SomnoDent® Herbst Advanced <input type="checkbox"/> Anterior Opening THORNTON ADJUSTABLE POSITIONER® TAP® Hardware <input type="checkbox"/> dreamTAP® <input type="checkbox"/> TAP® 1 (U:Handle & Hook / L:Bar) <input type="checkbox"/> TAP® 3 (U:Hook & Separate Key / L:Slot) <input type="checkbox"/> EMA® Biocryl U/L Full Coverage (Includes 5 sets of straps)	TAP® Material Choices <input type="checkbox"/> TL (Vacuum triple laminate-soft liner, not repairable or relineable) <input type="checkbox"/> PLUS (Brux-eze flexible in hot water, repairable & relineable)

INSTRUCTIONS



FOR ORTHO ONLY
 ACRYLIC ART _____
 COLORS _____
 DECALS _____
 GLITTER _____
 CUSTOM DESIGN _____
FOR SLEEP ONLY
 Please Indicate on the diagram:
 Circle teeth that are periodontally involved.
 Mark with a "C" teeth that are crowned.

FOR ORTHO MODEL
BITE
IMPRESSION
DRS ARTIC
OTHER

IMPORTANT INFORMATION CONCERNING DSG ORAL SLEEP APPLIANCES
PRODUCT ASSURANCE: Dental Services Group oral sleep appliances are FDA registered medical devices. They have been thoroughly researched, tested and found to be highly effective in providing and maintaining oral airway patency during sleep.
WARRANTY: Dental Services Group laboratories fully guarantee the quality of our oral sleep appliances for a period of 90 days against fabrication errors or material defects.
DISCLAIMER: Dental Services Group laboratories cannot warrant against dissatisfaction due to diagnosis or style of appliance chosen or wear. We're happy to assist you with any appliance adjustments and/or modifications, and to provide you with any information you may need to learn about the treatment of dental sleep medicine. DSG advises a thorough patient consultation and the use of informed consent documentation. We strongly recommend a medical evaluation and diagnosis prior to the treatment of sleep apnea with oral appliances.

DR SIGNATURE _____
 DR LICENSE # _____
For Warranty Information: Please review the DSG Warranty Policy at www.dentalservices.net/dsg-warranty

DO YOU NEED? Shipping Boxes **RXS:** Standard Fixed Removable Local (WHERE AVAILABLE)
 Shipping Labels Implant Cosmetic Ortho/Sleep Value
TERMS: Net 15th of month. A finance charge of 1½% per month (18% annual) will be added to past due invoices F OR1 01