OCCLUSAL THERAPY | CHAIRSIDE GUIDE



		Deprogrammer								
	COMFORT H/S™ Splint	Hard Splint (traditional)	Brux-eze® (durable with comfort)	Rem-e-deze® (heavy bruxer with comfort)	Eclipse® (hypoallergenic)	DSG Relaxer® (migraine)				
DESIGN FEATURES										
Material Type	·Thermoformed dual laminate material.	Hard acrylic Heat processed	Brux-eze acrylic Heat processed	Hard acrylic and Brux-eze acrylic Heat processed	• Light cured resin	• 2 mm crystal EVA pressure formed				
Material Benefits/ Properties	· Two layers make up the Comfort H/S Bite Splint: a 1 mm soft polyurethane inner layer that rests against the teeth and gums; and a 3 mm hard, clear copolyester outer layer that provides durability and bonds with acrylic for easy modification.	Heat-processed acrylic with excellent occlusal durability Customized fit, yet rigid and unforgiving Least comfortable Inflexible to dental changes Associated with increased tooth sensitivity Bondable and repairable	Heat-processed acrylic with on-call flexibility in warm water Remains hard in the mouth Dramatically reduced chairtime Comfortable, customized fit increases retention and reduces tooth sensitivity Material memory maintains fit, even if not worn for long periods of time Standard occlusal durability Bondable and repairable	Beneficial application of hard and Brux-eze materials All hard occlusal acrylic with Brux-eze acrylic on facial and lingual flanges Maximum occlusal durability Maximum comfort and retention Bondable and repairable	Monomer free, hypoallergenic alternative As strong as conventional hard acrylic Clear Stain-resistant Repairable	Best lab-fabricated deprogrammer device available Thin and esthetic Retentive and comfortable Standard full coverage Lengths can be customized FDA-cleared for relief of bruxism and occlusal-related migraine pain, tension headaches, and TMJ syndrome				
Design Standards	U or L splint is made with a standard flat occlusal plane and slight opposing cusp indentation or to the doctor's specific bite plane needs.	U or L full coverage occlusal bit Flat plane, even contacts 2 m	U or L full coverage vacuum Anterior incisal block platform Incisor midline contact only							
Design Options	· Available in clear, blue, green and pink	Fiber reinforcement • Anterior Lingual strengthening bar • Cla	Retainer length/coverage Size of block							
SELECTION										
Use Indicators	Indicated for severe bruxing/ clenching. Ideal for patients who are allergic to acrylics or metals (monomer free).	Use when maximum rigidity and strength are a priority Not recommended for patients with cosmetic restorations	The most prescribed splint for bite opening and posturing Highly recommended for protecting cosmetic restorations Use when maximum retention, stability, and comfort are important Good selection for patients with missing teeth, long crowns, or unusual draw	The most durable, yet comfortable splint for heavy bruxers, grinders, and strongmuscled clenchers Excellent protection for cosmetic restorations	Hard splint alternative for patients with allergies to monomers Not recommended for patients with cosmetic restorations	Recommended at night for patients who clench while they sleep Relieves morning muscle soreness and clenching migraines Recommended for daytime use as a reminder to stop clenching				

	COMFORT H/S™ Splint	Hard Splint	Brux-eze [®]	Rem-e-deze®	Eclipse [®]	DSG Relaxer®			
LABORATOR'	Y REQUIREMENTS								
Models	U/L accurate models								
Bite Registration	· Centric bite Registration	Required: Centric bite registration Recommended: To reduce chairside occlusal adjustments, include a bite registration that indicates the desired mandibular position and the amount of vertical bite opening.	Required: Centric bite registration Recommended: To reduce chairside occlusal adjustments, include a bite registration that indicates the desired mandibular position and the amount of vertical bite opening.	Required: Centric bite registration Recommended: To reduce chairside occlusal adjustments, include a bite registration that indicates the desired mandibular position and the amount of vertical bite opening.	Required: Centric bite registration Recommended: To reduce chairside occlusal adjustments, include a bite registration that indicates the desired mandibular position and the amount of vertical bite opening.	Required: Centric bite registration			
INSTRUCTION	IS FOR USE								
Use Indicators	Delivery / Seat the splint, and evaluate fit and reten- tion. Once seated in the patient's mouth, check bite with marking tape to identify premature occlusion.	Insert as normal.	To prevent model breakage, always place appliance in hot water before gently removing from cast. For fast, comfortable seating, place appliance in hot water until it becomes flexible, and then seat as usual. Fully seat onto teeth; retention increases as appliance cools in mouth.	To prevent model breakage, always place appliance in hot water before gently removing from cast. For fast, comfortable seating, place appliance in hot water until it becomes flexible, and then seat as usual. Fully seat onto teeth; retention increases as appliance cools in mouth.	Insert as normal.	Insert as normal.			
Adjustment Instructions	· If adjustments are necessary, adjust with a carbide bur or Lisko-S disc. Polish if needed.	1. Evaluate fit, occlusion, and ret 2. Acrylic adjustments, occlusal a 3. Hard splint, Brux-eze®, and Re 4. All materials may be pumiced	Evaluate for fit and centered opposing midline contact. Verify smooth protrusive slide. S. Verify posterior disclusion.						
Patient Instructions	Proper Removal Technique: All appliances are removed by placing fingers at upper or lower borders and evenly pulling down on an upper or pushing up on a lower. 1. Clarify correct insertion and removal techniques. 2. Instruct wear-time schedule per treatment plan. 3. Provide "Patient Use/Care Instructions" pamphlet. Important Reminders: No soaking for long periods. Keep out of reach of pets.								
Repair Instructions	New U/L models and bite registration for fabrication. For appliances requiring relining for better fit: Send appliance along with new upper and lower models in good condition. A pick-up impression is not recommended. For occlusal resurfacing, acrylic repairs, or other alterations: Send appliance along with new upper and lower models in good condition. For appliances needing U/L bite changes: Add new correct bite registration or add bite registration material to splint while in place.								

IMPORTANT INFORMATION CONCERNING DSG ORAL SLEEP APPLIANCES

Product Assurance: The DSG Relaxer is FDA cleared.

Warranty: Dental Services Group laboratories fully guarantee the quality of our occlusal therapy 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. 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 occlusal therapy. DSG advises a thorough patient consultation and the use of informed consent documentation.

Statement of Conformity: Available upon request. Rev. 05/10



United States: 1-800-259-3717 Canada: 1-877-374-5227

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