

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

DSO PRACTICE NAME _____ **TODAY'S DATE** _____ **CALL ME**
 (IF APPLICABLE)
ENCLOSED WITH CASE: Model Shade Tab Bite Impressions Photo (Preferred) Articulator Metal Trays Teeth Other _____

ORTHODONTICS **ORTHO GUARD INSURANCE**

REMOVABLE	FIXED	FIXED	THERAPEUTICS
U L	U L	U L	U L
<input type="checkbox"/> 3-Way	<input type="checkbox"/> 3x3 Hulsink	<input type="checkbox"/> Pedo Partial	<input type="checkbox"/> Bleaching Tray
<input type="checkbox"/> Acrylic Spacer	<input type="checkbox"/> 3x3 Lingual Bonded	<input type="checkbox"/> Porter w/ Arch	<input type="checkbox"/> Brux-eze™ Splint
<input type="checkbox"/> Anterior Spring Clip	<input type="checkbox"/> Banded RPE	<input type="checkbox"/> Riconator	<input type="checkbox"/> Comfort Clear
<input type="checkbox"/> Bionator	<input type="checkbox"/> Banded Herbst	<input type="checkbox"/> Quad Helix	<input type="checkbox"/> Comfort H/S™
<input type="checkbox"/> Circumferential Retainer	<input type="checkbox"/> Bilateral 6x6 5x5 4x4	<input type="checkbox"/> Transpalatal Arch	<input type="checkbox"/> DSG Relaxer™
<input type="checkbox"/> Clark Twin Blocks	<input type="checkbox"/> Bonded RPE	<input type="checkbox"/> Unilateral	<input type="checkbox"/> Gelb Splint
<input type="checkbox"/> Dual Laminate Retainer	<input type="checkbox"/> Clark Trombone	<input type="checkbox"/> Other _____	<input type="checkbox"/> Hard Splint
<input type="checkbox"/> Hawley Retainer	<input type="checkbox"/> Coil Spring Regainer		<input type="checkbox"/> Rem-e-deze™ Splint
<input type="checkbox"/> Invisible Retainer	<input type="checkbox"/> Distal Jet		<input type="checkbox"/> Sports Guard
<input type="checkbox"/> Modified Spring Retainer	<input type="checkbox"/> Distal Shoe		
<input type="checkbox"/> Nord	<input type="checkbox"/> Earch/Arnold	FOR REMOVABLE ADD	FOR FIXED ADD
<input type="checkbox"/> QCM Retainer	<input type="checkbox"/> Thumbsucking Appliance	U L	U L
<input type="checkbox"/> Sagittal	<input type="checkbox"/> Fixed Sagittal	<input type="checkbox"/> Ant. Bite Plane	<input type="checkbox"/> Bracket Bands
<input type="checkbox"/> Schwarz	<input type="checkbox"/> Haas	<input type="checkbox"/> Bracket Removal	<input type="checkbox"/> Headgear Tubes
<input type="checkbox"/> Triplex Corrector Series	<input type="checkbox"/> Hilgers Pendulum	<input type="checkbox"/> Clark Twin Blocks	<input type="checkbox"/> Ling. Horiz. Sheaths
<input type="checkbox"/> Wick Flat-Bow	<input type="checkbox"/> Loop Lingual	<input type="checkbox"/> Habit Crib	<input type="checkbox"/> Mershon Attach./lok-tites
<input type="checkbox"/> Other _____	<input type="checkbox"/> Lower Screw Expander	<input type="checkbox"/> Headgear Tubes	<input type="checkbox"/> Wilson 3-D Attachments
<input type="checkbox"/> PONTIC SHADE _____	<input type="checkbox"/> Nance Button	<input type="checkbox"/> Occlusal Acrylic	
	<input type="checkbox"/> Ni-Ti Expander	<input type="checkbox"/> Reset Teeth	

SLEEP THERAPY Add "oral CPAP" attachment to the appliance selected below.

SOMNODENT MAS®
(2-part appliance w/ exclusive "fin-coupling" buccal adjustment mechanism)

SomnoDent® MAS **Standard (hard, clasps)** Add Vertical Elastic Hooks
 SomnoDent® Herbst **Flex** Scalloped Lingual
 SomnoDent® Herbst Advanced Add Upper Anterior Deprogramming Bump
 Anterior Opening

THORNTON ADJUSTABLE POSITIONER®

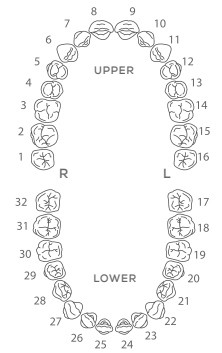
TAP® Hardware
 dreamTAP®
 TAP® 1 (U:Handle & Hook / L:Bar)
 TAP® 3 (U:Hook & Separate Key / L:Slot)

TAP® Material Choices
 TL (Vacuum triple laminate-soft liner, not repairable or relineable)
 PLUS (Brux-eze flexible in hot water, repairable & relineable)

EMA® Biocryl U/L Full Coverage (Includes 5 sets of straps)

TO REQUEST A D-SAD™ APPLIANCE
 please visit dentalservices.net/pantheraRx to download a D-SAD Rx

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 (Panthera D-SAD & SomnoDent sleep appliances - 3 years) 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 04