

Sleep Therapy Rx Form

Laboratory Procedure Authorization

ALL YELLOW HIGHLIGHTED AREAS ARE REQUIRED. An incomplete form will result in case delays until proper data can be collected.

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DR. NAME				5		11	23 24 25 26 27 28		INDICATE
FULL ADDRESS						13 2			DIAGRAM: eth that are
GROUP / PRACTICE NAME					UPPER	15 18	LOWER () ³¹ periodol	ntally involved
EMAIL PHON				2 (?) 1 (%)		16 17	Ŧ) Œ	. 1	th a "C" teeth crowned
	FIRST NAME	,,,,	☐ FEMALE	RIGHT		LEFT LEF	T RIGI	∤Т	
PATIENT INFO	LAST NAME		☐ MALE AGE	TO REQ	UEST A	PANTHEI	RA D-SAD™ OI	R X3 APPLIANCE	
DUE DATE		TODAY'S		Please co	ntact you	r National	Dentex lab for a P	anthera D-SAD or X3	₹x
Standard working time if no date is provided.					SPECIAL INSTRUCTIONS DIGITAL SCAN SENT				
SLEEP APPLIANCES Add "oral CPAP" attachment to the appliance selected below.									
CLEARDREAM®									
 ClearDream (Dorsal appliance with 6mm adjustable range) ClearDream with Thermo-Adaptive Liner (Interior becomes flexible in hot water) ClearDream requires George Gauge™ bite or ClearDream bite technique. SOMNODENT MAS® STANDARD (HARD, CLASP) 									
			Add Vertical Elastic Hooks		ATURE				REQUEST SUPPLIES
□ SomnoDent Avant		☐ Scalloped Line		DR. LICEI	NSF #			EXPIRES	RXS
- SommoDent Avant		☐ Add Upper Ar Deprogramm		■ 991■					BOXES LABELS
		☐ Anterior Oper		2 X 10 10		CONTACT INFO NDX WARRANTY nationaldentex.com		RRANTY dentex.com/warranty	OTHER
THORNTON ADJUSTABLE POSITIONER® ENCLOSED WITH CASE									
		TAP MATERIA	L CHOICES	☐ MODEL☐ SHADE TA	√B ∐ IM	TE IPRESSIONS	☐ PHOTOS ☐ METAL TRAYS	☐ TEETH ☐ ARTICULATOR	OTHER
(U:Bar & Separate Key / L:Hook)		■ Vacuum trip	 Vacuum triple laminate-soft liner 					_	
☐ TAP 1 (U:Handle & Hook / L:Bar)		■ Not repairal	ole or relineable	FOR LAB U	ISE ONLY				
□ TAP 3			xible in hot water						
(U:Hook & Separate Key / L:Slot)		■ Repairable & relineable							
■ EMA® BIOCRYL U/L FULL COVERAGE									MKT00218_RevB 01/24