

Today's Date: _____

Return by 5:00 pm on: _____

Please allow 2 weeks from the date the case leaves your office.

Please send: Prescriptions Boxes Case Bags

Mailing Labels: Pre-paid Fed Ex Labels Pre-paid Mailing Labels

Please have a technician call me: Yes (will delay case) No

To Discuss: _____

NDX KELLER
160 Larkin Williams Industrial Court
Fenton, MO 63026
636-600-4200 • 800-325-3056



Email photos to:
NDXKellerPhotos@nationaldentex.com
Please include doctor and patient name in email

SPECIALTY APPLIANCE PRESCRIPTION

DOCTOR: _____ PATIENT: _____ PHONE: (____) _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____ FAX: (____) _____

Doctor Signature: _____ License No.: _____ EMAIL: _____

NTI-tss Plus™

1. Choose the appliance:

- NTI-tss Plus Nighttime (Most prescribed design)** Available in pink
- NTI-tss Plus Daytime (Daytime clenching only)
- NTI-tss Plus Soft (Extends 2nd bi - 2nd bi) Available in pink, green and blue
- NTI-tss Plus Night & Day Set (NTI-tss Plus & NTI-tss Plus Daytime)
- NTI-tss Plus Universal Therapy Set (NTI-tss Plus & Opposing Universal Slider)

3. Measurements:

Maximum Protrusive Measurement _____mm

Simple Steps to a Maximum Protrusive Measurement:

- Instruct the patient to protrude their mandible as far as possible. Use a ruler to measure from the labio-incisal of upper centrals to lingual-incisal of lower incisors.

2. Choose the lower arch if your patient has:

- Missing Lower Incisor
- Lower Veneers
- Severe Class III Bite
- Uneven Lower Incisal Plane

Lower (lab default)

Extend coverage from tooth # _____ to tooth # _____

Okay to switch arches due to arch selection contraindications?

- Yes No, call first

Okay to extend if necessary to ensure adequate retention?

- Yes No, call first

Choose the upper arch if your patient has:

- > 60% Overbite
- > 4mm Overjet
- Upper Veneers
- Uneven Upper Incisal Plane
- Upper Diastema

Upper

Enclose VPS impressions or full arch models

FULL COVERAGE GUARDS

1. Choose the appliance:

- Crystal Clear® (Hard, durable, non-porous, injection-molded) Available in pink
- ThermoFit® (Hard, becomes flexible in hot water)
- Comfort H/S™ Bite Splint (Soft inner layer, hard outer layer) Available in pink, green and blue

2. Choose the arch:

- Upper (lab default) Lower

3. Choose the guard design*:

- Anterior Guidance (Ramp) (\$20 fee for Comfort H/S with Anterior Guidance)
- Group Function (No Ramp)
- Daytime - No Anterior Coverage * Specialty Designs Available
- Okay to Switch to Group Function to Reduce Vertical Opening

Enclose VPS impressions or full arch models. Send open bite with 2mm posterior clearance.

SLEEP APNEA/ANTI-SNORING DEVICES

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 (Call or go to NDXKeller.com for instructions)

dreamTAP®: 15mm adjustable range. Newly redesigned hardware setup for increased tongue space.

TAP®3: Anterior mechanism allows 5mm protrusion in 1/4mm increments.

EMA®: Elastic Mandibular Advancement. Posterior stops slightly increase VDO.

Maximum Protrusive Measurement _____mm (TAP Only)

ClearDream Design:

- Hooks for elastics
- Discluding Element

TAP Design:

- Triple Laminate (lab default)
- ThermAcryl
- Accutherm

Send Full Upper and Lower VPS Impressions and Maximum Protrusive Measurement

VACUUM-FORMED APPLIANCES

1. Choose the appliance:

- Bleaching Trays
- All Soft Night Guard (ProForm)
- Invisible Retainers

2. Choose the arch:

- Upper
- Lower

Comments: _____
