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Doctor _____ Patient _____
 Address _____ Phone _____
 _____ RX Date _____ Due Date _____
 Email _____ Please ___ Email ___ Call on Return Date

| | |
|---|--|
| Appliance for Sleep: ___ Sleep Apnea ___ Snoring ___ Sleep Test Verified Protrusive Bite Recommendation—Incisal Opening Minimum 4mm Protrusive Range = ___ mm; Bite Taken: Mandible Advanced ___ mm Patient Protrudes ___ Straight Forward ___ Veers ___ mm to ___ Right ___ Left | SEND ___ RX's ___ Labels ___ Boxes/Bags Case Content Enclosure ___ Impressions ___ Upper ___ Lower ___ Models ___ Upper ___ Lower ___ Bite ___ Centric ___ Protrusive ___ Appliance _____ |
|---|--|

Sleep Appliances: Appliance Color: ___ Turquoise ___ Clear
Appliance Material ___ ThermoFlex Hard (Standard) ___ Hard Acrylic
 ___ Biostar Hard/Soft Vacuform ___ Biostar Hard VacuForm
 (Hard Acrylic /Biostar Splints require very accurate impressions)

AM Aligner (Morning Deprogrammer) ___ Lower Anterior 3x3 ___ Full Arch Wafer

O2 OASYS Oral-Nasal Airway System (ThermoFlex Hard)
 ___ OASYS with Nasal Dilators (Standard) ___ OASYS No Dilators
 ___ Include Lingual Tongue Buttons
 ___ Upper Splint / Cushion ___ Full Coverage ___ Open Lingual #7-10
 ___ No Upper Splint—Patient to Wear Upper Denture/Anterior Partial
 ___ Maximize Tongue & Breathing Space ___ Exclude Lingual Shelf 8-9
 ___ Include an Anterior Bite Block on the Lower Splint for Bruxer
 ___ Include Clasps as Needed ___ No Clasps ___ Add Hooks & Elastics
 ___ Replace Upper OASYS Splint ___ Full Coverage ___ Open Lingual

OASYS Telescopic Hinge / Telescopic Herbst (ThermoFlex Hard)
 (Telescopic Screw Hinges, Extend 10mm or 5mm, Ball Clasps, Hooks/Elastics)
 ___ OASYS Telescopic Hinge +10mm ___ Telescopic Herbst +5mm
 ___ Premium – Fully Welded ___ Premium – Fully Welded
 ___ Medicare E0486 Wire / Weld ___ Medicare E0486 Wire / Weld
 ___ Open Screw Hinges for Retraction ___ 0mm ___ 1mm ___ 2mm
 ___ Add Nasal Dilators (E0486) ___ Add Tongue Lifters (E0486)

Myerson EMA (Elastic Strap Advancement to 9mm / Modified Flat Plane Splints
 (Includes Starter Elastic Strap Pack for 5mm Advancement)
 ___ EMA Vacuform 2.0mm Splints ___ EMA Bruxer 2.5mm Splints
 Standard Biostar Splint Impressions must be very accurate for a good fit / retention
 ___ EMA ThermoFlex Hard Splints ___ EMA First Step 90 Day Trial

Nightguard / Splint
 ___ ThermoFlex-Hard ___ Hard Acrylic
 ___ ErkoLoc Pro Hard/Soft ___ Biostar
 ___ Upper ___ Full Arch ___ Anterior 3x3
 ___ Flat Plane ___ UARS
 ___ Cuspid Rise ___ Nasal Dilators
 ___ Anterior Guidance _____
 ___ Ball Clasps ___ Clasps as Needed
 ___ Lower ___ Full Arch ___ Anterior 3x3
 ___ Gelb ___ NYU ___ May ___ _____
 ___ OASYS TMJ Splint w/Lingual Bar
 & Tongue Buttons
 ___ OASYS Pedo Speech Trainer
 w/Lingual Tongue Buttons
 ___ Ball Clasps ___ Add as Needed
 ___ Add Lingual Bar

OASYS Modified Frankel
 ___ OFR Nasal Dilators/Tongue Lifters

Invisible Orthodontic Retainer
 ___ Upper ___ Lower

Combination Sleep Therapy
 ___ Add CPAP Pro to Sleep Device
 ___ Removable Bracket ___ Fixed
 ___ Add Removable Bracket for
 Possible Future Combo Therapy

Doctor Signature **License #**
 This is your authorization pursuant to the provisions of Article II of the Dental Practice Act of The State of California to
 construct, alter, or repair the dental restoration described here on.