



720 Sunrise Avenue, #230-A
 Roseville, CA 95661
 LAB (916) 865-4528
 LAB (916) 872-9569
 FAX (916) 865-4563
dreamsystemslc@gmail.com



720 Sunrise Avenue, #230-A
 Roseville, CA 95661
 LAB (916) 865-4528
 LAB (916) 872-9569
 FAX (916) 865-4563
dreamsystemslc@gmail.com



Doctor _____ Patient _____

Address _____ Phone _____

_____ RX Date _____ Due Date _____

Email _____ Please _____ Email _____ Call on Return Date _____

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

Sleep Appliances: Appliance Color: Turquoise Clear Please Call Me to Discuss

Appliance Material ThermoFlex Hard (Standard) Hard Acrylic Biostar VacuForm HardSoft Hard
ThermoFlex Allows for Slight Impression Distortions; Hard Acrylic & Biostar Vacuform Splints require very accurate impressions)

AM Aligner (Morning Deprogrammer) Thermo Wafer for In-Office Forming) Lower Anterior 3x3 Full Arch

O2 OASYS Oral-Nasal Airway System (ThermoFlex Hard)

- OASYS with Nasal Dilators (Standard) OASYS No Dilators
- Include Lingual Tongue Repositioning 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
- Minimize Mouth Breathing Space to Encourage Nasal Breathing
- Include an Anterior Bite Block on the Lower Splint for a Bruxer
- Include Clasps as Needed No Clasps Add Hooks & Elastics

OASYS Telescopic Hinge—Medicare Cleared (ThermoFlex Hard)

- (Telescopic Screw Hinges Extend +10mm, Ball Clasps, Hooks/Elastics)
- OASYS Hinge Medicare Premium Welded Frame
 - Open Screw Hinges for Retraction 0mm 1mm 2mm
 - Add Medicare Cleared Nasal Dilators Tongue Lifters

HERBST Telescopic Hinge—Medicare Cleared (ThermoFlex Hard)

- (Telescopic Screw Hinges Extend +5mm, Ball Clasps, Hooks/Elastics)
- Telescopic Herbst Medicare Premium Welded Frame
 - Open Screw Hinges for Retraction 0mm 0.5 mm 1mm

Myerson EMA (Modified Flat Plane Splints)

- (Includes Straps for +5mm Advancement)
- EMA Vacuform 2mm Splints Standard
 - 2.5mm Splints (Bruxer) 2mm HardSoft
 - EMA ThermoFlex Hard Splints
 - EMA First Step (90 Day Trial Device)

Nightguard-Splint-Clear Retainer

- ThermoFlex Hard Hard Acrylic +Clasps
- Biostar VacuForm HardSoft Hard
- Upper Lower Full Arch 3x3
- Flat Plane with Anterior Guidance
- Flat Plane No Guidance Cuspid Only
- UARS with Nasal Dilators
- OASYS Splint w/Tongue Buttons
- OASYS Pedo Speech Trainer
- Overlay Retainer Upper Lower

Doctor _____ Patient _____

Address _____ Phone _____

_____ RX Date _____ Due Date _____

Email _____ Please _____ Email _____ Call on Return Date _____

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

Sleep Appliances: Appliance Color: Turquoise Clear Please Call Me to Discuss

Appliance Material ThermoFlex Hard (Standard) Hard Acrylic Biostar VacuForm HardSoft Hard
ThermoFlex Allows for Slight Impression Distortions; Hard Acrylic & Biostar Vacuform Splints require very accurate impressions)

AM Aligner (Morning Deprogrammer) Thermo Wafer for In-Office Forming) Lower Anterior 3x3 Full Arch

O2 OASYS Oral-Nasal Airway System (ThermoFlex Hard)

- OASYS with Nasal Dilators (Standard) OASYS No Dilators
- Include Lingual Tongue Repositioning 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
- Minimize Mouth Breathing Space to Encourage Nasal Breathing
- Include an Anterior Bite Block on the Lower Splint for a Bruxer
- Include Clasps as Needed No Clasps Add Hooks & Elastics

OASYS Telescopic Hinge—Medicare Cleared (ThermoFlex Hard)

- (Telescopic Screw Hinges Extend +10mm, Ball Clasps, Hooks/Elastics)
- OASYS Hinge Medicare Premium Welded Frame
 - Open Screw Hinges for Retraction 0mm 1mm 2mm
 - Add Medicare Cleared Nasal Dilators Tongue Lifters

HERBST Telescopic Hinge—Medicare Cleared (ThermoFlex Hard)

- (Telescopic Screw Hinges Extend +5mm, Ball Clasps, Hooks/Elastics)
- Telescopic Herbst Medicare Premium Welded Frame
 - Open Screw Hinges for Retraction 0mm 0.5 mm 1mm

Myerson EMA (Modified Flat Plane Splints)

- (Includes Straps for +5mm Advancement)
- EMA Vacuform 2mm Splints Standard
 - 2.5mm Splints (Bruxer) 2mm HardSoft
 - EMA ThermoFlex Hard Splints
 - EMA First Step (90 Day Trial Device)

Nightguard-Splint-Clear Retainer

- ThermoFlex Hard Hard Acrylic +Clasps
- Biostar VacuForm HardSoft Hard
- Upper Lower Full Arch 3x3
- Flat Plane with Anterior Guidance
- Flat Plane No Guidance Cuspid Only
- UARS with Nasal Dilators
- OASYS Splint w/Tongue Buttons
- OASYS Pedo Speech Trainer
- Overlay Retainer Upper Lower

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.

www.dreamsystemsdentallab.com

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.

www.dreamsystemsdentallab.com