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Doctor \_\_\_\_\_ Patient \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ RX Date \_\_\_\_\_ Due Date \_\_\_\_\_  
 Email \_\_\_\_\_ Please \_\_\_ Email \_\_\_ Call on Return Date

|   |  |
|---|--|
| <b>Appliance for Sleep:</b> <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Snoring <input type="checkbox"/> Sleep Test Verified<br>Patient Protrudes <input type="checkbox"/> Straight Forward <input type="checkbox"/> Veers ___mm to ___ Right ___ Left<br><b>Sleep Appliances:</b> <b>Appliance Color:</b> <input type="checkbox"/> Turquoise <input type="checkbox"/> Clear _____<br><b>Appliance Material</b> <input type="checkbox"/> ThermoFlex Hard (Standard) <input type="checkbox"/> Hard Acrylic<br><input type="checkbox"/> Biostar VacuForm <input type="checkbox"/> HardSoft <input type="checkbox"/> Hard<br><small>(ThermoFlex Allows for Slight Impression Defects; Hard Acrylic &amp; Vacuform Splints require very accurate impressions. Recommended Bite—Minimum 4mm Incisal Opening)</small> | <b>Content Enclosure</b><br><input type="checkbox"/> Impressions <input type="checkbox"/> Upper <input type="checkbox"/> Lower<br><input type="checkbox"/> Models <input type="checkbox"/> Upper <input type="checkbox"/> Lower<br><input type="checkbox"/> Bite <input type="checkbox"/> Digital Bite<br><input type="checkbox"/> Digital Scan# _____<br><input type="checkbox"/> STL Sent to: _____<br><input type="checkbox"/> Appliance /Other _____<br><b>SEND</b> <input type="checkbox"/> RX's <input type="checkbox"/> Labels <input type="checkbox"/> Boxes/Bags<br><input type="checkbox"/> <b>Please Call Me to Discuss</b> |
|---|--|

- O2 OASYS Oral-Nasal Airway System**—Advance up to 15mm  
 OASYS Simplicity (MAD) - No Nasal/Lingual Buttons  
 OASYS with Nasal Dilators (Standard)  
 Include Lingual Tongue Repositioning Buttons  
 Upper Splint / Cushion  Open Lingual #7-10  Full Coverage  
 No Upper Splint—Upper Denture  No Upper Splint—Invisalign  
 Maximize Tongue & Breathing Space  Exclude Lingual Shelf 8-9  
 Minimize Mouth Breathing Space to Encourage Nasal Breathing  
 Include Clasps as Needed  No Clasps  Add Hooks & Elastics  
 Design the OASYS to Wear During Invisalign Treatment

- Medicare Cleared OASYS Telescopic Hinge**—Advance up to 10mm  
(Includes Ball / Arrow Clasps, Hooks / Elastics)  
 OASYS Hinge  Medicare  Premium Welded Frame  
 Open Screw Hinges for Retraction  0mm  1mm  2mm  
 Add Medicare Cleared  Nasal Dilators  Tongue Lifters

- Medicare Cleared HERBST Telescopic Hinge**—Advance up to 5mm  
(Includes Ball / Arrow Clasps, Hooks / Elastics)  
 Telescopic Herbst  Medicare  Premium Welded Frame  
 Open Screw Hinges for Retraction  0mm  0.5 mm  1mm

- AM Aligner (Morning Deprogrammer)**  
 Anterior 3x3  Full Arch  Preformed  
**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)  
**Combination Therapy**  
 Removable Set Up for CPAP Pro  
**Nightguard-Splint**  
 ThermoFlex Hard  Hard Acrylic +Clasps  
 Biostar VacuForm  HardSoft  Hard  
 Upper  Lower  Full Arch  3x3  
 Gelb  NYU  Ferrar \_\_\_\_\_  
 Flat Plane with Anterior Guidance  
 Flat Plane No Guidance  Cuspid Only  
 OASYS Splint w/Tongue Buttons  
 OASYS Pedo Speech Trainer  
 Invisible Retainer  Upper  Lower

**Doctor Signature**

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.

**License #**

[www.dreamsystemsdentallab.com](http://www.dreamsystemsdentallab.com)