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Doctor _____ Patient _____

Address _____ Phone _____

_____ RX Date _____ Request By _____

Email _____ Please __ Email __ Call on Return Date

Sleep Appliance: <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Snoring <input type="checkbox"/> Sleep Test Verified	Content Enclosure
Sleep Appliances: Appliance Color: <input type="checkbox"/> Turquoise <input type="checkbox"/> Clear <input type="checkbox"/> Pink	<input type="checkbox"/> Impressions <input type="checkbox"/> Upper <input type="checkbox"/> Lower
Appliance Material <input type="checkbox"/> ThermoFlex Hard <input type="checkbox"/> Hard Acrylic <input type="checkbox"/> Clasps <input type="checkbox"/> No Clasps	<input type="checkbox"/> Models <input type="checkbox"/> Upper <input type="checkbox"/> Lower
<input type="checkbox"/> Biostar VacuForm <input type="checkbox"/> Hard <input type="checkbox"/> HardSoft	<input type="checkbox"/> Bite <input type="checkbox"/> Appliance
Protrusive Bite <input type="checkbox"/> Minimum 4mm Incisal & Posterior Clearance Last Molar	<input type="checkbox"/> Digital Scan# _____
Patient Protrudes <input type="checkbox"/> Straight Forward <input type="checkbox"/> Veers <input type="checkbox"/> mm to <input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> iTero <input type="checkbox"/> Trios <input type="checkbox"/> Carestream
	<input type="checkbox"/> Cerec <input type="checkbox"/> Medit _____
	SEND <input type="checkbox"/> RX's <input type="checkbox"/> Labels <input type="checkbox"/> Boxes/Bags

- O2 OASYS Oral-Nasal Airway System**—Advance 10-15mm
- OASYS Simplicity (MAD) - No Nasal Dilators or Tongue Buttons
 - OASYS with Nasal Dilators (Standard)
 - OASYS with Nasal Dilators & Tongue Repositioning Buttons
 - Upper Cushion Full Coverage Open Lingual #7-10 (3mm Cap)
 - No Upper Cushion Max. Denture Max. Partial Invisalign
 - Exclude Lingual Shelf 8-9 Maximize Tongue & Breathing Space
 - Minimize Mouth Breathing Space to Encourage Nasal Breathing
 - Add Hooks & Elastics Vertical Class II
 - Combination Therapy with Invisalign (ClinCheck Access Needed)

- OASYS HERBST Hinge—Medicare Compliant** Advance up to 10mm
- OASYS Herbst Medicare Premium Welded Frame
 - Open Screw Hinges for Retraction 0mm 1mm 2mm
 - Add Medicare Compliant Nasal Dilators Tongue Lifters

- Standard HERBST Hinge—Medicare Compliant** Advance up to 5mm
- Standard Herbst Medicare Premium Welded Frame
 - Open Screw Hinges for Retraction 0mm 0.5 mm 1mm
 - Add Medicare Compliant Nasal Dilators Tongue Lifters

- KAVA Dorsal—Metal Reinforced Fins**—Advance up to 7mm
- KAVA Dorsal Open Screws 0mm 0.5 mm 1mm

- Panthera D-SAD Digital Nylon** Panthera Classic Panthera X-3

- Myerson EMA** (Modified Flat Plane Splints)
 (Includes Straps for +5mm Advancement)
- EMA Vacuform 2mm Hard Splints
 - 2-3mm HardSoft Splints Bruxer
 - EMA ThermoFlex Hard Splints (Clasps)
 - EMA First Step (90 Day Trial Device)
- AM Aligner (Morning Deprogrammer)**
- Anterior 3x3 Full Arch Preformed

- Nightguard-Splint-Essex Retainer**
- ThermoFlex Hard Hard Acrylic +Clasps
 - VacuForm HardSoft Soft Splint Guard
 - Upper Lower Full Arch NTI
 - Gelb NYU Ferrar May
 - Flat Plane No Guidance Orthotic
 - Flat Plane with Shallow Anterior Guidance
 - Flat Plane Cuspid Rise / Anterior Guidance

- Splint Designs—Dr. Mark Abramson**
- MyoSplint with Tongue Buttons
 - Mandibular Pivotal Splint
 - Pedo Speech Trainer
 - Essix 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