



# TMJ - Sleep Apnea Rx

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## Day Orthotics Max. / Mand.

- Day Orthotic / MORA
- Compact Day Orthotic
- Thermoformed Day Orthotic
- Pivot Appliance Hard
- TrueClear Orthotic (Nylon)
- Eclipse Day Orthotic
- Full Coverage Orthotic Indexed
- Flat Plane Orthotic
- Overlay Partial
- Fixed Composite Orthotic
- MORA w/Fixed Orthotic Wax-up w/Stent
- Invisible Retainer
- ALF (Light Wire Appliance)
- Other \_\_\_\_\_

### Major Connector Modification:

- Acrylic Apron
- Gelb Bar
- Compact Wire

### Occlusal Scheme:

- Standard
- Light Indexing
- Deep Indexing
- Anatomical

## Nightguards Max. / Mand.

- Premium Hard Acrylic
- Dual Laminate
- Thermoplastic
- Comfort H/S (Glidewell)
  - Anterior Guidance
  - Anterior Contact Only
  - Posterior Coverage Only
  - Flat Plane (no guidance)

## Articulation / Bite Registration

- Do Not Change Bite
- HIP / Facebow
- OK to change vertical for clearance
- George Gauge set to: \_\_\_\_\_
- Apnea Guard set to: sm med lg \_\_\_\_\_
- ProGauge set to: \_\_\_\_\_
- Other: \_\_\_\_\_

## Night Orthotics Max. / Mand.

- Anterior Deprogrammer; True Comfort
- Anterior Deprogrammer with Ramp True Comfort
- Farrar, Hole in Ramp, True Comfort
- Anti-Clenching Appliance, True Comfort
- Anterior Deprogrammer Acrylic
- Anterior Deprogrammer with Ramp Acrylic
- Farrar, Hole in Ramp Acrylic
- Centric Relation Splint / Gnathological
- MAGO (no posterior contact)
- TMJ Splint

### Occlusal Scheme:

- Flat Plane
- Anterior Guidance
- Deep Indexing
- Other \_\_\_\_\_

## Sleep Apnea

- EMA Custom
- EMA First Step (90 Day)
- SomnoDent Dorsal Classic
- Oasys Appliance
- MicrO2
- Dream Tap
- Medicare Dream Tap
- Silencer
- Dorsal Fin
- Herbst
- Medicare Herbst
- Narval (use Narval Order Form)
- AM Aligner

## Additions / Modifications

- Exp. Screw Max. / Mand.
- Hawley Bow Max. / Mand.
- Composite Occl. Max. / Mand.
- Inclined Ramp Max.
- Ramp w/hole Max.
- Nasal Dialators Max.
- Tongue Buttons
- Split Palate / Fiber Connector
- Add Teeth # \_\_\_\_\_
- Clasp Type \_\_\_\_\_
- No Clasps

DATE \_\_\_\_\_

Due Date \_\_\_\_\_ (by 5:00pm)  
1 day before Appt.

Doctor \_\_\_\_\_ Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

PATIENT \_\_\_\_\_ M / F AGE \_\_\_\_\_

## Material Options

- Thermoformed
- True Comfort (Dual Laminate)
- Thermoplastic
- Heat Cured
- Lucitone FRS
- Eclipse (light cured)
- Other \_\_\_\_\_

## Please Send

- Lab Slips
- Boxes
- Shipping Labels
- Other \_\_\_\_\_
- Info on \_\_\_\_\_

For a predictable result and ease of delivery, we recommend that impressions are taken with metal trays if alginate is used. Provide a bite registration that places patient at the expected final position of device being prescribed (no wax for bite).

CALL DOCTOR

Shade \_\_\_\_\_

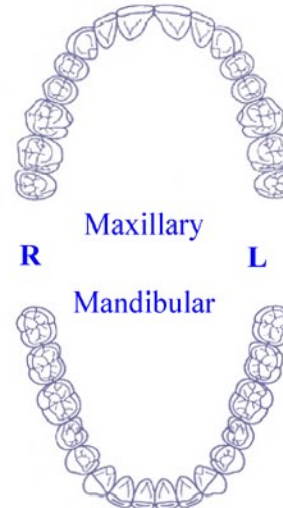
Acrylic Color \_\_\_\_\_

Pt Allergic to: \_\_\_\_\_

## Enclosed QTY

- Impression
- Master Model
- Opposing
- Bite Day/Night
- Photos
- Articulator
- Shade Tab
- Appliance
- Other \_\_\_\_\_

## Additional Instructions:



Models provided are typically used for fabrication appliance/restoration. Your model may be returned damaged.

Indicate here if you require extra model. (Additional fees may apply)

Original models and bite required with case for warranty repairs or claims.

Dentist Signature \_\_\_\_\_ Lic. # \_\_\_\_\_