



# Sleep Appliance Rx

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Date \_\_\_\_\_ Due Date \_\_\_\_\_ (By 5:00 PM)  
 Doctor \_\_\_\_\_ Practice \_\_\_\_\_  
 Patient \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Text \_\_\_\_\_

Digital Scans sent Via: \_\_\_\_\_

## Device Name

Recommended  
Minimum Vertical  
spacing & location

- EMA** 3mm/Post
- OASYS** 6mm/Post
- Dorsal** 5mm/Post
- Herbst** 5mm/Post
- Dream TAP** 5mm/Ant
- TAP 3 Elite** 5mm/Ant
- MicrO2** 3mm/All
- Narval** 3mm/Post

Use Narval Order Form

## Device Name

Recommended  
Minimum Vertical  
spacing & location

- SomnoDent**
- Dorsal Classic** 5mm/Post
- Dorsal Flex** 5mm/Post
- Herbst Advance** 5mm/Post
- Other** \_\_\_\_\_

## Material Options

Some materials may not be available for certain devices

- Acrylic
- Dual Laminate
- Thermacryl liner
- Hard Thermoformed
- Thermoplastic
- Milled
- Printed

## Options/Additions

Please note: some of these are unavailable for some appliances. Additional fees may apply.

- Discluding Element
- Elastic Hooks
- Nasal Dilators
- Tongue Buttons
- Ball Clasps
- Mesh Re-enforcement
- Other \_\_\_\_\_

Ok to raise vertical as needed for minimum thickness

Call if mandible shifts more than 2mm laterally in protrusive

\* Please note: Lab can make minimal changes to bite but cannot guaranty final fit

## MEDICARE

### Extras

- Mytap
- Single  5 Pack  10 Pack
- AM Aligner
- Single  10 Pack
- TF Morning Positioner 10 Pack
- AM Bite Tabs 10 Pack
- George Gauge Kit
- GG Bite Forks 2mm L
- GG Bite Forks 2mm S
- GG Bite Forks 5mm L
- GG Bite forks 5mm S
- EMA Straps
- Color \_\_\_\_\_ Size \_\_\_\_\_
- EMA First Step Kit
- Airway Metrics 16 Pc Snore Screener
- Airway Metrics 24 Pc Bite Forks

### PLEASE SEND

- Lab Slips/Rx's
- Boxes
- Info on Digital
- info on Splints/NG
- Other \_\_\_\_\_

### Enclosed

- Impressions
- Bite Registration
- Models
- Digital Scans Sent
- Digital Bite Sent
- Other \_\_\_\_\_

### Additional Instructions:

Call Doctor

Make to Doctor Preferences

Maxillary

R L

Mandibular

Signature \_\_\_\_\_ Lic# \_\_\_\_\_