



True Splint and Night Guards Rx

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Digital Scans sent via: _____

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

O Call Doctor to discuss case

Daytime Appliances

Maxillary / Mandibular

- TF1 Day Appliance
- TF2 Compact Day
- TF3 Thermoformed Day
- TF4 Pivot Appliance Hard
- TF5 Full Coverage Day
- TF6 Flat Plane Splint
- TF7 Gelb Splint
- TF7 Fixed Acrylic Overlay
- TF9 Overlay Partial
- TF10 Fixed Composite Orthotic
- TF11 Performance Orthotic

Material Options

If none chosen,
we will make our
standard

- Acrylic
- Thermoformed
- TrueSplint (Milled)**
- True Clear (nylon)
- No Metal

Major Connector modification

- Acrylic Apron (Standard)
- Gelb Bar
- Compact Wire

Occlusal Scheme

- Standard
- Light Indexing
- Deep Indexing
- Anatomical

Other Appliances

Maxillary / Mandibular

- Essix Retainer
- Essix Slider
- Hawley Retainer
- QCM (clear bow) Retainer
- Other _____

Options/Additions

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

- Elastic Hooks
- Nasal Dilators
- Tongue Buttons
- Ball Clasps
- Mesh Re-enforcement
- Other _____

Night Appliances

Maxillary / Mandibular

- TC1 Anterior Deprogrammer
- TC2 Farrar
- TC3 Farrar with hole in Ramp
- TC4 Anti-Clenching Appliance
- TC4 Monoblock
- TC5 CR Splint /Gnathological
- TC6 MAGO (no posterior contact)
- TC7 TMJ Splint Flat Plane
- TC8 Tanner

Occlusal Scheme:

- Flat Plane
- Anterior Guidance
- Deep Indexing

Material Options

If none chosen,
We will make our
standard

- Acrylic
- True Comfort
- TrueSplint (Milled)**
- Thermoplastic
- Thermoformed
- True Clear (nylon)
- No Metal

Night Guards

Maxillary / Mandibular

- NG1 Hard Acrylic
- NG2 Dual Laminate
- NG3 Thermoplastic
- NG4 Thermoformed
- NG5 TrueSplint (Milled)**

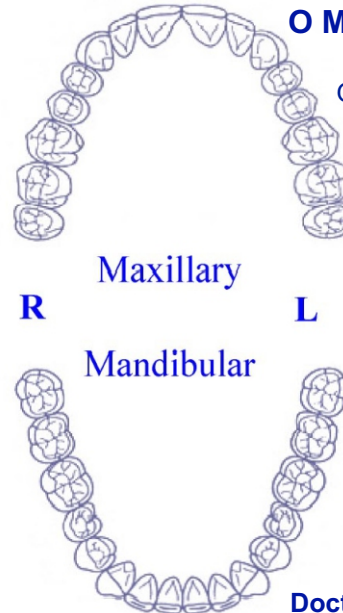
- Anterior Guidance
- Anterior Contact Only
- Posterior Coverage Only
- Flat Plane (no guidance)

- NG6 Comfort H/S (Glidewell)

Additional Instructions:

O Make to Doctor's Preferences/Specifications

- Ok to raise vertical as needed for minimum thickness



Maxillary

R

L

Mandibular

Doctor Signature _____ Lic. _____

Articulation

- Vertical + / - _____ mm
- Protrude _____ mm
- Retrude _____ mm
- Shift L / R _____ mm

Enclosed

- Impression(s)
- Models
- Articulator
- Appliance
- Other _____

PLEASE SEND

- Lab Slips/Rx's
- Boxes
- Other _____