



EST 1999

True Function Laboratory

RX Order Form

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Date: _____ Due Date: _____ (by: 5pm)
Doctor: _____ Practice: _____
Patient: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____ Text: _____

Night Appliances

- Anterior Deprogrammer
- Farrar
- Farrar with hole in Ramp
- Anti-Clenching Appliance
- Monoblock
- CR Splint / Gnathological
- TMJ Splint Flat Plane
- Tanner
- Night Appliance With RAMP

Maxillary/Mandibular

Occlusal Scheme

- Flat Plane
- Anterior Guidance
- Deep Indexing

Material Options*

- Acrylic
- Dual Laminate
- Hard Thermoformed
- TrueSplint (Milled)
- No Metal

Options / Additions

- Essix Slider
- Essix Retainer
- Elastic Hooks
- Ball Clasps
- Discluding Element
- Mesh Re-Enforcement
- Nasal Dilators
- Tongue Buttons
- Thermacryl
- Other _____

Night Guards

Maxillary/Mandibular

- Hard Acrylic
- TrueComfort (Dual Laminate)
- Thermoplastic
- Thermoformed
- TrueSplint (Milled)
- Comfort Hard/Soft (Glidewell)

Sleep Appliances

- TrueDorsal 5mm/Posterior
- TrueHerbst 5mm/Posterior
- EMA 3mm/Posterior
- OASYS 5mm/Posterior
- OASYS Hinge 5mm/Posterior
- DreamTaP 6mm/Anterior
- TAP 3 6mm/Anterior
- SomnoMed (Use SomnoMed Order Form)
- Panthera DSAD (Use Panthera Order Form)

Minimum Vertical Spacing & Location

Material Options*

- Acrylic
- Dual Laminate
- Hard Thermoformed
- TrueSplint (Milled)
- No Metal

Daytime Appliances

- Day Appliance
- Compact Day
- Thermoformed Day
- Pivot Appliance Hard
- Full Coverage Day
- Gelb Splint

Maxillary/Mandibular

Occlusal Scheme

- Standard
- Deep Indexing
- Light Indexing
- Anatomical
- Flat Plane

Material Options*

- Acrylic
- Hard Thermoformed
- TrueSplint (Milled)
- No Metal

Extras

- Mytap
 - Single 5 pack 10 pack
- AM Aligner
 - Single 10 pack
- Milled Morning Aligner
- TF Morning Positioner 10 pack
- AM Bite Tabs 10 pack
- George Guage Kit
- GG Bite Forks
 - 2mm L 2mm S
 - 5mm L 5mm S
- EMA Straps
 - Color _____ Size _____
- QuickSplint 12 Pack

Enclosed

- Impressions
- Bite Registration
- Models
- Digital Scans Sent
- Digital Bite Sent
- Other _____

Please Send Us

- Lab Slips/Rx's
- Boxes
- Other

Digital Scans Sent VIA: _____
Email to digital@truefunction.com

Call Doctor Make to Doctor Preferences
Okay to raise vertical as needed for minimum thickness

Signature: _____ Lic# _____

TRUE FUNCTION LABORATORY, INC. LIMITED WARRANTY AND DISCLAIMER

True Function Laboratory, Inc. guarantees that devices are constructed to your prescription and specifications, will fit the working model provided or the working model created from the impression provided (including digital), and be free of defects in materials and craftsmanship. If any of our products fail to conform to our warranty, True Function will repair or replace the product, at the lab's discretion. Repaired and replacement products will be covered for the remainder of the original warranty period.

Due to factors out of our control, such as distorted models or impressions, we can only guarantee our fabrication technique and the materials used. Warranty coverage is only in effect with the receipt of the original appliance, original models and/or impressions, and bite registration (if used in original manufacture of the device). All returns will be reviewed for warranty coverage upon receipt of the appliance along with the original models and/or impressions.

Patient should not wear an appliance if it is ill-fitting, broken or has a suspected defect.

Our goal is to repair or remake the device to the original prescription and design. If an office returns a case the following items are required:

1. Original device
2. Original models or impressions
3. Original bite registration
4. New model or impression of arch device was made to and new opposing model if possible, distortion contributed to the device not fitting properly
5. New bite registration (if the bite is an issue)

In order to determine warranty, the original appliance is required at time of the warranty request. If a new appliance is ordered during the evaluation of the defective appliance, there will be a full charge for the replacement appliance.

True Function shall not be liable for any defects that are caused by neglect, misuse, or mistreatment of its products by any third party or for any product that has been altered or modified in any way by any entity other than True Function Laboratory, Inc.

WARRANTY PERIOD FOR INDIVIDUAL APPLIANCES

Appliance	Warranty Period (in months)
EMA	12
Essix Retainer	3
Glidewell Night Guard / Hard & Hard Soft	6
Night Guard / Acrylic - Premium*	24
Night Guard / Dual Laminate*	12
Night Guard / Thermoplastic*	12
Oasys**	24
Oasys Hinge Appliance	24
Orthodontic Expander Active	3
Panthera DSAD	36
Passive Orthodontic Retainer (Except Essix)	12
Tap 3 / dreamTAP	36
TMJ Splints*	6
TrueHerbst and TrueDorsal	24

*Warranty excludes the occlusal surface due to forces out of our control.

**Warranty does not include locking mechanism.

These warranties apply only when the device breaks under normal use.