



True Splint and Night Guards Rx

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

Digital Scans sent via: _____

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
- TF8 Fixed Acrylic Overlay
- TF9 Overlay Partial
- TF10 Fixed Composite Orthotic
- TF11 Performance Orthotic

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 _____

Articulation

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

Material Options

If none chosen, we will make our standard

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

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 _____

Enclosed

- Impressions
- Models
- Articulator
- Appliance
- Other _____

Night Appliances

Maxillary / Mandibular

- TC1 Anterior Deprogrammer
- TC2 Farrar
- TC3 Farrar with hole in Ramp
- TC4 Anti-Clenching Appliance
- TC5 Monoblock
- TC6 CR Splint / Gnathological
- TC7 MAGO (no posterior contact)
- TC8 TMJ Splint Flat Plane
- TC9 Tanner

Occlusal Scheme

- Flat Plane
- Anterior Guidance
- Deep Indexing

Please Send

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

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
 - Flat Plane (no guidance) Posterior Coverage Only
- NG6 Comfort H/S (Glidewell)

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

Call Doctor

Make to Doctor Preferences

Additional Instructions:

Maxillary
 R L
 Mandibular

Signature _____ Lic# _____