



Sleep Appliance Rx

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Digital Scans sent via: _____

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

Device Name

Recommended Minimum Vertical spacing & location

- EMA 3mm/Posterior
- OASYS 6mm/Posterior
- Dorsal 5mm/Posterior
- Herbst 5mm/Posterior
- Dream TAP 5mm/Anterior
- TAP 3 5mm/Anterior
- MicrO2 3mm/All Around
- Narval 3mm/Posterior

Device Name

Recommended Minimum Vertical spacing & location

- SomnoDent
- Dorsal Classic 5mm/Posterior
- Dorsal Flex 5mm/Posterior
- Herbst Advance 5mm/Posterior
- Other _____

Material Options

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

Some materials may not be available for certain devices

Options/Additions

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

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

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

Extras

- Mytap
 - Single 5 Pack 10 Pack
- AM Aligner
 - Single 10 Pack
- 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 _____
- EMA First Step Kit
- Airway Metrics
 - 16pc Snore Screener
- Airway Metrics
 - 24pc Bite Forks

Enclosed

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

Please Send

- Lab Slips/Rx's
- Boxes
- Info on Digital
- Info on Splints/NG
- Other _____

Call Doctor

Make to Doctor Preferences

Additional Instructions:

Maxillary
R L
Mandibular

Signature _____ Lic# _____