



Sleep Appliance Rx

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Digital Scans sent via: _____
 Email to: digital@truefunction.com

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
- OASYS Hinge Medicare 5mm/Posterior
- Dorsal 5mm/Posterior
- TrueHerbst Medicare 5mm/Anterior
- Dream TAP Medicare 5mm/Anterior
- TAP 3 Medicare 5mm/Anterior

SomnoDent

**Use SomnoDent Order Form*

Panthera

**Use Panthera Order Form*

Material Options

- Acrylic
- Dual Laminate
- Hard Thermoformed
- Milled

** 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 _____
- Thermacryl liner
- QuickSplint 12 Pack

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# _____