SomnoMed®
Dental Sleep Medicine

3537 Teasley Lane, Denton, TX 76210 | Phone: (888) 447-6673 Fax: (940) 381-5220 Mon - Fri, 8AM - 6PM CST | www.somnomed.com

OFFICE USE ONLY

PLEASE PRINT IN CAPITAL LETTERS

Dentist Name: (first and last name) License #:

Practice Name:

Address:

City: State: or Province Zip: or Postal

Phone: - - Ext:

Referring Physician:

Today's Date: M M D D Y Y

Received Date: OFFICE USE ONLY

Due Date: M M D D Y Y

Due Date not required. From date case is received at SomnoMed, please allow 10 working days for return delivery of completed appliance. When shipping please keep tracking number for your records.

Patient Name: (first and last name) L A S T

F I R S T

MODEL: (Any device can be made ½ Flex and ½ Acrylic depending on dentition. Please specify in comments.)

❑ SomnoDent® MAS ***Flex***

Made from our unique SMH BFlex material and acrylic that provides superior retention and comfort. Patients and dentists may prefer this model, particularly where crown and bridge work is present.

❑ SomnoDent® MAS ***Acrylic***

Made from the highest quality acrylic that will not discolor, the MAS acrylic has been specifically designed to offer stability, comfort and quality. It is held in position by ball clasps.

SomnoDent® MAS ***Edentulous*** ❑ Flex ❑ Acrylic

Designed for patients with no upper teeth and made from either acrylic or SMH BFlex. Please note as a recommended minimum pre-requisite, the patient should have six lower teeth (3-3) in the mandible.

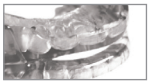
OPTIONAL FEATURES:

❑ Elastic Retention
Allows orthodontic elastic to be attached to hooks on both sides to help hold patient's mouth in closed position.

❑ Vertical Adjustment
Disclusion Ramp. Has anterior 'ramp' built onto upper plate, designed to disclude posterior region.

— or —

❑ Anterior Opening
Allows room for forward tongue postering.



❑ Other

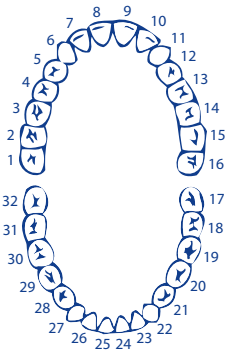
PATIENT DATA:

1. George Gauge™ Centric Record ..... MM
2. George Gauge™ Maximum Protrusion ..... MM
3. Total range available (distance between centric and maximum) ..... MM
4. George Gauge™ Start Position ..... MM
(Full anterior to posterior extension of bite material. 60% - 80% of total available range.)
5. Are skeletal midlines on protrusion aligned? ❑ YES ❑ NO
6. If no, how many MM to the LEFT ❑ or RIGHT ❑? ..... MM

ENCLOSED:

❑ Upper and lower impressions (PVS or Silicone only)
❑ Upper and lower models
❑ Protrusive bite registration
Please note: protrusive bite registration should have 5.0mm opening at incisors.

COMMENTS:



DENTIST SIGNATURE

PLEASE SEND:
❑ Lab Slips
❑ Shipping Labels
❑ Shipping Boxes
❑ George Gauge™*
❑ Bite Forks*
❑ Patient Brochures*
❑ Flex Demo*
❑ Acrylic Demo*
❑ Edentulous Flex Demo*
❑ Edentulous Acrylic Demo*
*Call for pricing.

REWORK:

REMAKE:
❑ Maxilliary Arch ❑ Mandibular Arch

Reason:
❑ Lost/Destroyed
❑ Distorted Original Model(s) or Impression(s)
Please return original model(s) and original appliance with new model(s) or impression(s).
❑ Other (please specify in comments)

Please enclose a bite registration and opposite arch of appliance.

RESET:
❑ Use new bite registration *or*
❑ Reset protrusive to currently titrated position

A maxilliary and mandibular model are needed for proper articulation.

❑ **REPAIR:**
Each SomnoDent MAS® has a 1 year manufacturer's warranty. If claiming a warranty repair please enclose a copy of the appliance's original invoice.

Original Insertion Date: M M D D Y Y

White = SomnoMed Copy Yellow = Your Copy