

Delivery & Signature: Unless otherwise indicated, completion of all order form fields is mandatory. If left incomplete, your order may be delayed/unable to be processed. **Turnaround time: approximately 3 weeks.**

Delivery address (if different from office stamp): _____ _____ Please send with order (see detailed instructions below): <input type="checkbox"/> Dental impressions or models in grade 4 stone <input type="checkbox"/> Bite registration	Clinician Stamp/Office Stamp _____
	Date order placed on: ____/____/____ Date of patient appointment: ____/____/____
	Signature _____

NOTE: Send completed order form and impressions/models to your dental lab:	
Dental Prosthetic Services 1900 51 st Street NE Cedar Rapids, Iowa 52402	PHONE: 319-393-1990 / 800-332-3341 FAX: 319-393-8455

Narval™ CC order form checklist:

1. Confirm that the patient is a good candidate for a mandibular repositioning device.
 Before prescribing patients with Narval CC, look for relevant issues in their medical history, such as respiratory disorders, asthma and breathing problems, and refer them to the appropriate healthcare provider first.

<p>The device is contraindicated for patients who:</p> <ul style="list-style-type: none"> • Have central sleep apnea • Have severe respiratory disorders • Are less than 18 years of age • Have loose teeth or advanced periodontal disease • Have a completely endentulous arch • Have a complete lower denture (not an overdenture) • Have short teeth and/or insufficient undercuts to retain the device 	<p>It is necessary to perform a dental, periodontal, prosthetic and TMJ examination. The following dental issues must be treated by the patient's regular dentist before MRD treatment:</p> <ul style="list-style-type: none"> - Periodontal disease - Cysts and mouth ulcers - Teeth that need to be extracted - Prosthodontics – such as crown or bridges - Orthodontics - Temporomandibular pain needs to be further assessed by patient's treating physician as well as any other TMJ disorder. <p>The dental sleep specialist should check if the teeth (natural or dental implant) anchoring value and retentive morphology are sufficient to ensure the efficacy of MRD without significant side effect of treatment.</p>
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2. To make sure the Narval CC is made to your prescription, please provide the following information:

- Bite registration/bite measurements
 - Provide bite registration in desired protrusion using George Gauge or preferred device. Bite and VD will be designed based on bite provided.
 - o NOTE: If only a maximum protrusion measurement is sent, the device will be set at 50–70% of maximum protrusion.
 - OR provide a bite in Centric relation using bite impression material of your choice (not wax) in case of special (prognathia, retrognathia) and/or instable occlusion.
 - o Please measure the maximum comfortable protrusion in mm.
 - o Where applicable, please provide direction and distance from the centric position, for deviation at the maximum advancement.
 - NOTE: Vertical dimension, in some cases, may need to be altered by the laboratory to ensure that there is no posterior contact along the advancement plane. **If requested, the laboratory will seek your approval before proceeding.**
- Impressions
 - o Choice of suitable impression material: PVS impression materials are recommended for Narval CC devices to ensure the highest level of accuracy. Protective packaging as provided by your dental lab is recommended for transport.
 - o Accurate impressions: You may consider using Rim-Lock impression trays, thus allowing for full impressions of gingival sulcus and posterior molar areas. Impressions must be taken with dentures (if any) in the mouth and must show the bottom of the sulcus in the full dental arch. For your information, these impressions will be discarded following the production process.
 - o If you prefer to send stone models, please use grade 4 stone for the fabrication, paying particular attention to ensure that bubbles are not present on the teeth surface or around the gingival margin.
 - o If additional drawings or photos may contribute to the production of the device, please include them with this order.

3. Send the complete case to a ResMed Narval CC–preferred dental lab (visit www.resmed.com/Narval for a list of providers)
 Complete this order form and place it in protective packaging to be sent out with the following elements:

- Dental impressions or models in suitable material (see above)
- Protrusive bite registration and/or maximum comfortable protrusion measurements

Personal data about you (patient and health care professional) are being processed by computers and used during production of mandibular repositioning devices. Recipients of this information are authorized departments of ResMed, health care professionals and, if applicable, the national health security.