

# DENTAL PROSTHETIC SERVICES Sleep Appliance Rx



**Doctor:** \_\_\_\_\_ **Patient:** \_\_\_\_\_  
 Phone: \_\_\_\_\_ Age:  Youthful  Middle-Age  Mature  
 Address: \_\_\_\_\_ Gender:  Female  Male  
 City/State/ZIP: \_\_\_\_\_  
 Contact for case questions: \_\_\_\_\_  
 Contact email: \_\_\_\_\_ Email can be used for case questions?  Yes  No  
 Special delivery instructions: \_\_\_\_\_  
**Deliver by 5:00pm on** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Select Appliance Type

- Adjustable PM Positioner™
- EMA® Custom
- OASYS™
  - Tongue lifting buttons
- ResMed Narval™ CC  
*Please fill out Narval Rx*
- TAP® 3
- TAP® 3 Elite
- dreamTAP™

### Trial Appliances

- EMA® First Step  myTAP™

## Materials Enclosed

- PVS impressions
  - Upper  Lower
- Models (Grade 4 stone recommended)
  - Upper  Lower
- Intraoral scans sent  
**System:** \_\_\_\_\_
- Protrusive bite  
right \_\_\_\_\_mm or left \_\_\_\_\_mm

- I would like a phone call regarding instructions

- SomnoDent™

### Select SomnoDent body type

- Classic  Fusion  Herbst Advance

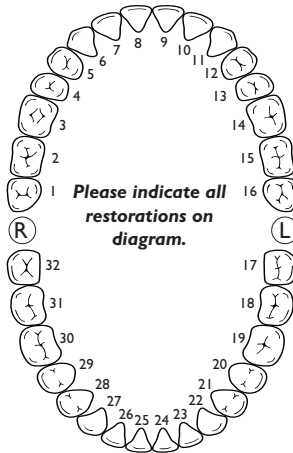
### Select SomnoDent tray material

- Acrylic (ball clasps)  Flex

### Select SomnoDent options

- Anterior opening  Bite ramp  Elastics

- AM Reprogrammer (included with appliances)



## Comments:

DENTAL PROSTHETIC SERVICES  
 1900 51st Street NE  
 Cedar Rapids, Iowa 52402  
 800-332-3341 • Fax 319-393-8455  
 www.DPSdental.com

**Please send my office:**

- Rx Fixed  Rx Sleep
- Rx Removable  Rx Implants
- Rx Ortho  Boxes
- UPS/Mailing Labels

**Doctor Signature:** \_\_\_\_\_  
 (Please select shade, age, gender, and delivery date)