

# Dental Prosthetic Services

## Doctor Preferences-Dental Sleep Medicine



Doctor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your appliances are crafted based on your preferences. We have found most of our clients prefer their cases fabricated in a similar fashion. To improve communication, we have developed a list of the most requested procedures. If you routinely prefer other options, please check these and we will enter your preferences in our system.

***Any specific requests written on your prescriptions will take precedence over your routine preferences.***

**When sending in cases to us, please:**

1. Fill out laboratory prescriptions completely
2. Send as much information as possible
3. Include models, pictures, and patient concerns

AM Reprogrammer Standards	Options
<input type="checkbox"/> Included with case (no charge)	<input type="checkbox"/> Do not include
02 OASYS Standards	Options
<input type="checkbox"/> Nasal dialators	<input type="checkbox"/> No nasal dialators
<input type="checkbox"/> No tongue lifting buttons	<input type="checkbox"/> Tongue lifting buttons
Somnodent Standards	Options
<input type="checkbox"/> Classic	<input type="checkbox"/> Fusion (removable wings) <input type="checkbox"/> Herbst Advance
<input type="checkbox"/> Acrylic with ball clasps	<input type="checkbox"/> Flex material
<input type="checkbox"/> No add-ons	<input type="checkbox"/> Elastic hooks <input type="checkbox"/> Anterior opening <input type="checkbox"/> Bite ramp
Narval CC Standards	Options
<input type="checkbox"/> Standard design	<input type="checkbox"/> Full coverage, no anterior contact <input type="checkbox"/> Full coverage, with anterior contact <input type="checkbox"/> Lingual band <input type="checkbox"/> Lingual band with cap <input type="checkbox"/> Lingual band with cap and anterior contact <input type="checkbox"/> Facial band with cap
<input type="checkbox"/> Do not cover 3rd molars	<input type="checkbox"/> Cover 3rd molars
<input type="checkbox"/> VDO not strictly followed	<input type="checkbox"/> VDO strictly followed
<input type="checkbox"/> No elastics	<input type="checkbox"/> Elastics
<input type="checkbox"/> No distal wrap	<input type="checkbox"/> Distal wrap

**Please return preference sheet to DPS:**  
 1900 51st Street NE, Cedar Rapids, IA 52402  
 800-332-3341 Fax: 319-393-8455  
 www.DPSdental.com dps@dpsdental.com