

# 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
- TAP® 3
- dreamTAP™ (Thermoblend)
- dreamTAP™ DuraFit (Thermoplastic)

- 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

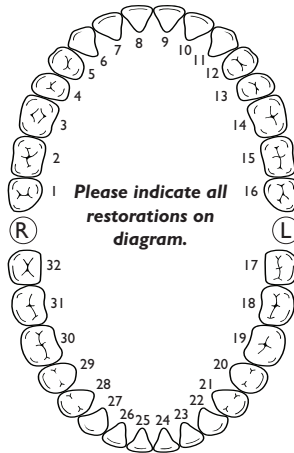
- AM Reprogrammer (included with appliances)

### Trial Appliances (90 Day)

- 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

**Comments:** \_\_\_\_\_

**DENTAL PROSTHETIC SERVICES**  
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 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)