

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

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

AM Reprogrammer Standards	Options
<input type="checkbox"/> Include with case (no charge)	<input type="checkbox"/> Do not include
O2 OASYS Standards	Options
<input type="checkbox"/> Nasal dilators	<input type="checkbox"/> No nasal dilators
<input type="checkbox"/> No tongue lifting buttons	<input type="checkbox"/> Tongue lifting buttons
Panthera D-SAD Standards	Options
<input type="checkbox"/> Upper plate - Standard occlusion	<input type="checkbox"/> Full <input type="checkbox"/> Anterior <input type="checkbox"/> Central only <input type="checkbox"/> Lateral to lateral <input type="checkbox"/> Canine to canine
<input type="checkbox"/> Lower plate - Standard occlusion	<input type="checkbox"/> Full <input type="checkbox"/> Anterior
<input type="checkbox"/> Upper band - Simple buccal	<input type="checkbox"/> 1/2 <input type="checkbox"/> Simple lingual <input type="checkbox"/> Full
<input type="checkbox"/> Lower band - 1/2	<input type="checkbox"/> Simple lingual <input type="checkbox"/> Simple buccal <input type="checkbox"/> Full
<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
<input type="checkbox"/> Do not cover 3rd molars	<input type="checkbox"/> Cover 3rd molars
<input type="checkbox"/> 1mm rod increments	<input type="checkbox"/> .5mm rod increments
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 ramps
TAP Standards	Options
<input type="checkbox"/> No posterior stops	<input type="checkbox"/> Posterior stops