

# 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

- EMA® Custom
- OASYS™
  - Tongue lifting buttons
- Panthera D-SAD™ (please complete D-SAD Rx)
- Panthera X3™ (please complete X3 Rx)
- TAP® 3
  - AccuTherm  Thermoblend (TL)
- dreamTAP™
  - AccuTherm  Thermoblend (TL)

- 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)

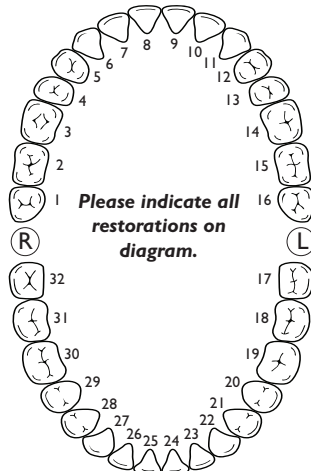
### Trial Appliances (90 Day)

- EMA NOW™  SomnoDent Alpha™
- myTAP™

### Materials Enclosed

- PVS impressions
  - Upper  Lower
- Models (Grade 4 stone recommended)
  - Upper  Lower
- Intraoral scans sent
  - System:** \_\_\_\_\_
- Protrusive bite
  - Protrusive Deviation
  - 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 Labels

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