



4104 N. FREEWAY BLVD. • SACRAMENTO, CA 95834
 (916) 830-7327 • (800) 786-8848
 (916) 830-3769 (FAX)

| | | |
|---------------|----------------|-------------------------------------------------------------------------|
| RX DATE _____ | DUE DATE _____ | <input type="checkbox"/> BY NOON <input type="checkbox"/> BY 5:00 PM |
|---------------|----------------|-------------------------------------------------------------------------|

ANTI-SNORING / SLEEP APNEA DEVICES

DOCTOR _____ PHONE _____

ADDRESS _____ CITY _____

PATIENT FIRST NAME _____ STATE _____ ZIP _____

LAST NAME _____ AGE _____ M F
 (PRINT CLEARLY)

ADJUSTABLE ANTI-SNORING / SLEEP APNEA DEVICES

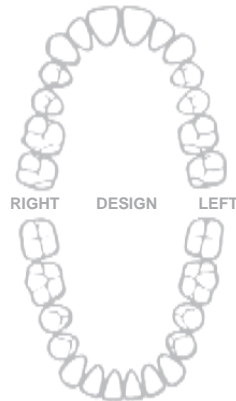
- HERBST™ SLEEP DEVICE (FDA)
- EMA™ SLEEP DEVICE W / ADJ. STRAPS (FDA)
 - STANDARD BIOSTAR™ DESIGN - 2.0 MM SPLINTS
 - PATIENT IS A BRUXER - USE 2.5 MM SPLINTS
 - VARIFLEX™ HARD THERMOPLASTIC DESIGN

QUIETNITE (FDA)

SPECIAL INSTRUCTION: _____

SLEEP STUDY COMPLETED - DATE: _____

INCLUDE DETAILED UPPER & LOWER IMPRESSIONS / MODELS, PLUS A PROTRUSIVE BITE - 60-70% OF FULL PROTRUSIVE, OPEN 5-7 MM BETWEEN THE INCISORS. IDEALLY, MIDLINES SHOULD REMAIN IN THE SAME POSITION IN THE PROTRUSIVE BITE AS IN CENTRIC, BUT MAY VARY.



PLEASE CALL ME _____ DUE DATE OK'D BY _____

SIGNATURE _____ LICENSE# _____

THIS IS YOUR AUTHORIZATION PURSUANT TO THE PROVISIONS OF ARTICLE II OF THE DENTAL PRACTICE ACT OF THE STATE OF CALIFORNIA TO CONSTRUCT, ALTER OR REPAIR THE DENTAL RESTORATION DESCRIBED.

PLEASE SEND RX'S SLEEP RX'S C & B RX'S REMOVABLE RX'S ORTHODONTIC BAGS BOXES LABELS



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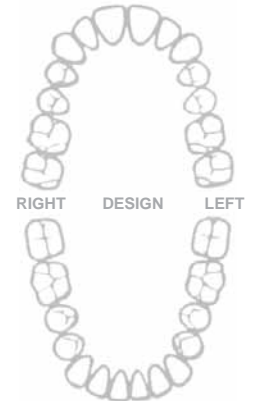
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