

**SPLINT / DEPROGRAMMER PRESCRIPTION**



**PLEASE PRINT**

Account # LO PO # \_\_\_\_\_

**B** PRACTICE TYPE: \_\_\_\_\_  
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

**I** DOCTOR: \_\_\_\_\_

**L** ADDRESS: \_\_\_\_\_  
(Specify if ship to address is different)

**A** CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**D** PHONE: (\_\_\_\_) \_\_\_\_\_

**R** FAX: (\_\_\_\_) \_\_\_\_\_

**S** EMAIL: \_\_\_\_\_

PATIENT: \_\_\_\_\_ AGE: \_\_\_\_\_

**PLEASE PRINT**

DATE SHIPPED: \_\_\_\_\_

DATE DUE: \_\_\_\_\_  
1 day before appointment

<b>LAB USE ONLY</b>	Incoming # cases	1	2	3	4	5+
Customer Used:	<input type="checkbox"/> GLO Acct	<input type="checkbox"/> 2 Day On Call				
<input type="checkbox"/> Portal Upload - No Frt (99)	<input type="checkbox"/> Cust Acct - No Frt (99)					
<input type="checkbox"/> Disinfected	0	1	2	3	4	5
	6	7	8	9		
Rcvd:	_____					
B#	_____	Via:	_____			
QC:	_____	LPD/Shp:	_____			
Needs DD Call	_____	Rec:	_____			
NO BITE / MDL - B / C	_____	Source:	_____			
	_____	Location:	_____			
Align ID#	_____	Dig ID#	_____			

**Please Provide:**  Boxes  Labels  
 Rx: \_\_\_\_\_ Qty: \_\_\_\_\_  
 (specify appliance type)  
 Appliance Protection Program (additional fee)

**IMPORTANT! Always retain models and bite until appliance is seated. Damage to models may occur during fabrication, please mark Rx if duplication (additional fee) of model(s) is required.**

**PLEASE READ**

If you would like us to follow the specifications of a particular clinician, please specify: \_\_\_\_\_

Articulator used: \_\_\_\_\_

**Splints Must Select Arch & Appliance Design**

- UPPER
- LOWER

- DIGITAL Flat Plane (No Guidance)
- DIGITAL Full Contact with Anterior Guidance
- Flat Plane (No Guidance)
- Full Contact with Anterior Guidance
- Kois Flat Plane Splint (occlusal covered)
- Anterior Repositioning (Pull Forward)
- Overlay (1.5mm Base Plate)  
Options:  Add Occlusal Acrylic (not articulated, equilibration required)
- Tanner with lingual bar - Lower Only
- Gelb

**NOTE:** To compensate for curve of Spee, please:  
 Increase opening  Provide steeper guidance

**Deprogrammers Must Select Arch & Appliance Design**

- UPPER
- LOWER

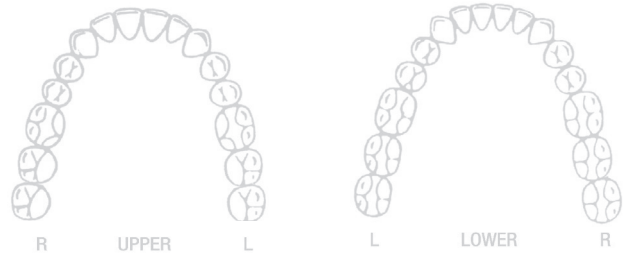
- Great Lakes Anterior STANDARD (Spear)
- Mini 2 x 2 contact (5 x 5 coverage)
  - 2 x 2 contact STANDARD, VDO no interferences
  - 2 x 2 contact, VDO just out of contact
- Kois (Retainer Style)
- Cranham
- Dawson B Splint
  - Maxillary only  Dual Arch

**Material**

- Splint Biocryl (Plus Acrylic) STANDARD
- Splint Biocryl (NO Acrylic)
- Cold Cure (Acrylic)
- Hard/Soft
- Variflex™ (Thermal Active)
- Tooth Shade Acrylic
- Biocryl ICE
- Nylon

**Acrylic Coverage**  3-5mm Tissue STANDARD  No Tissue Contact

**Clasping**  None  Ball STANDARD  Other: \_\_\_\_\_



Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Master Rx on File # \_\_\_\_\_

License # \_\_\_\_\_ Dr. Signature: \_\_\_\_\_

<b>Lab Use:</b>	Dup	No Bite	Reset	Base	Pontic	Blok Out	Sold	Laser	Dr Band	Band
	MG-STD	MG-MED	MG-HVY	BT-STD	BT-LMN					
	Drs Prprty-	Drs Art	Drs Bite Fork	Drs Jig	CNC					
	Dr Mount	Art#	Dr Pin	Lab Pin						
	DENAR	SAM-2	SAM-3	WHPMX	ARTEX	STRATOS				
	HAN	HINGE	PANDNT	KAVO						