



500 Village Park Drive Powell, Ohio 43065

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DRS. NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME _____

SEND: RX Forms Boxes Mailing Labels

DATE SHIPPED _____

DATE WANTED _____

1 day prior to appointment

SPLINT AND ATHLETIC MOUTHGUARDS

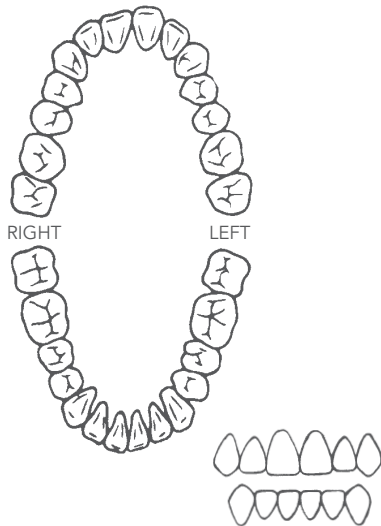
IMPORTANT: Always retain models and bite registration until appliance is seated. Should a problem occur, our return/remake policy is void if original models are not returned.

PLEASE SPECIFY:

- Upper Lower
- Horseshoe Palate No Tissue Contact

SPLINT/NIGHTGUARD

- Flat Plane
- Full Contact w/ Anterior Guidance
- Anterior Repositioning (Index-Pull Forward)
- Gelb
- Biostar® Overlay Splint (2mm)
- N.T.I. (4x4 Deprogrammer)
- Durasoft® (Hard/Soft Material)
 - Overlay Only
 - Flat Plane Articulated
 - Full Contact w/ Anterior Guidance
- Variflex™ (Heat-Softening Acrylic)
 - Flat Plane
 - Full Contact w/ Anterior Guidance



CUSTOM ATHLETIC MOUTHGUARD

- Upper Lower Dual
- Light Wt. Medium Wt. (Standard) Heavy Wt.
- With Strap Reinforcing Mesh
- Clear
- Single Color: _____
- Multi-Color: _____

SPECIAL INSTRUCTIONS:

PERSONAL SIGNATURE OF DOCTOR