

**SPLINT / DEPROGRAMMER  
PRESCRIPTION**



**PLEASE PRINT**

**Account # C0** \_\_\_\_\_ **PO #** \_\_\_\_\_

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

DOCTOR: \_\_\_\_\_

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

**A D D R E S S** CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

**PLEASE PRINT**

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

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

**LAB USE ONLY** Incoming # cases \_\_\_\_\_

Customer Used:  GLO Acct  2 Day On Call

Portal Upload - No Frt (00)  Cust Acct - No Frt (00)

Disinfected 0 1 2 3 4 5 6 7 8 9

Rcvd: \_\_\_\_\_

B# \_\_\_\_\_ Via: \_\_\_\_\_

Shipment Date \_\_\_\_\_ Planned Shipment Date \_\_\_\_\_

(QC): \_\_\_\_\_ (LPD): \_\_\_\_\_

Estimated Delivery Date \_\_\_\_\_ Promised Delivery Date \_\_\_\_\_

ND \_\_\_\_\_ (Rec): \_\_\_\_\_

NO BITE / MDL - B / C Source: \_\_\_\_\_

Campaign: \_\_\_\_\_

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 when applicable. 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

**Nylon Appliance Options (No Clasps Required!)**

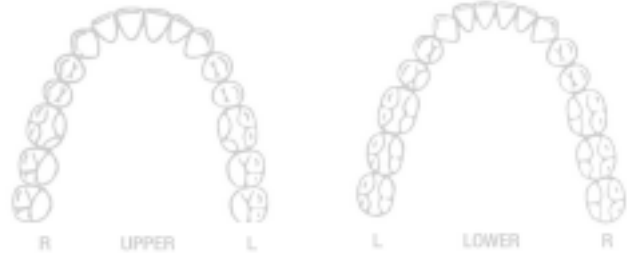
- Great Lakes Anterior STANDARD (Spear)
- Flat Plane (No Guidance)
- Full Contact with Anterior Guidance

**Material**

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

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

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



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

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

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

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

Lab Use:	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						