

COMFORT

Acrylics, Inc.
"Innovative Dental Polymers"

Dental Laboratory Division
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 www.comfortacrylics.com

Doctor _____ Phone _____

Address _____

Patient Name _____ request technical call-back _____ clinical _____ laboratory _____

DELIVERY APPOINTMENT DATE _____ *****(mandatory)*** TIME** _____

MANDATORY

Typical *time-in-lab* is 8 working days. Call to expedite service as needed

TALON® Retained Inter-occlusal Appliances - Splints / Night Guards / TMD Appliances

_____ **MAXILLARY** _____ **MANDIBULAR**

TAP® _____ **Appliance for the Management of SLEEP-DISORDERED BREATHING**

Retention TL _____ (*Tri-laminate / formed to cast*) **Thermacryl** _____ (*Directly formed to the teeth at delivery appt*)

Medicare

EMA® Elastic Mandibular Appliance (Please provide bite registration showing starting position
Blue #20 bands will be used at the start position unless otherwise specified below.

MONOBLOCK _____ **Construction bite is required.**

Please include the **TAP Technique DVD** _____ (*Essential for any practitioner*)

Total Protrusive Range of Motion _____ mm George gauge measurements _____ mm + / _____ mm -
 Bite is: _____ 50% of Protrusive ROM _____ 60% _____ % Vertical Dimension (inter-incisal distance) _____ mm / standard _____

OTHER _____ **ATHLETIC MOUTH GUARD** _____ **ORTHO FINISHER** _____ **CUSTOM** _____
 _____ **EARLY WARNING SYSTEM (FOR INCIPIENT OCCLUSAL CHANGE IDENTIFICATION)**
 _____ **EMA replacement bands—Contact Comfort Acrylics by phone to place order.**

Instructions _____

Dr's signature _____ **License number** _____