Appliance RX

Dental Laboratory

800-235-4720 www.pittmandental.com

2355 Centennial Circle, Gainesville, GA 30504-5799 U.S.A. Phone: 770-534-4457 Fax: 770-503-1173

Dato	*Expected Return Date:						
Date Doctor ID		_					
Doctor(print)							
License #		— Please fill in all fields					
Phone #	on the RX. Not doing so						
Patient Name		could delay your case.					
Bruxism/TMD Splints		Diagram Appliance Below					
□ Comfort Soft Vari Flex	□ Upper	□ Lower ⁷ by 10					
□ Hard Guard	□ Upper	6 4 11 11 20 12					
□ Soft Guard	□ Upper	□ Lower 4 13 13					
□ GELB		□ Lower ³ DPPER (14					
□ Wilkerson Splint	□ Upper	□ Lower ² ②					
□ Dawson Wilkerson Splint		~ · · · · · · · · · · · · · · · · · · ·					
□ Dual B Splint							
□ AID/NTI Deprogrammer							
□ MAPA Appliance		(7) (7)					
□ Kois Deprogrammer	07 1 1 1 1 2 2 2						
□ Cranham Deprogrammer □ Upper □ Lower "26 25 24 23"							
Indicate Splint Design - Check all	Indicate Palatal Design						
Flat Plane/Group Function		Height of Contour □					
Anterior Guidance		Horseshoe 🗆					
CR Bite Included		Three Quarter 🗆					
MI Bite Included							
Fit / Retention	Orthodontic/Misc.						
Tight □ Ball		□ Bleaching Trays□ Upper □ Lower□ Hawley□ Upper □ Lower					
Tight □ Ball Firm □ C Clasps		□ Ant. Bite Plane □ Post Bite Plane					
Loose Other		☐ Biocryl Clear Retainer ☐ Upper ☐ Lower					
2003e - Other	_ 🖰	□ Athletic Guard □ Upper □ Lower					
		□ Clear or □ Color					
Doctor Signature:Date							

CAS	EE#LABU	LAB USE ONL			
Date	Work to be Done	Tech	Time and From Dept.	To Dept.	Mgr.
					·
					········
				-	***************************************

Doct	or Notes:			<u> </u>	
In La	ected Return Date" must fall with in th b Working Times - https://www.pittma patient at least 14 days from today. Pla	ındental.co	m/publication	ons. Please	schedule
All a	ccounts due and payable by the 10th o	f each mor	ith. Late cha	rges of 1½9	% per
ment	th charged from the date due on amou t. Customer agrees to pay the lab's cos gia law shall apply hereto.	nt unpaid o t of collect	over 30 days tion, includir	from date on the fire of the f	of state- 's fees.
Case	Delivery Address: Trac	cking #:			
	SS:		_ Suite:		
•	•		_ State:	Z	ip:
uttent	·ion·	Pho	ne.		