

Dental Laboratory

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

Date	*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 □ Upper □							
□ Clear (default) □ Pink □ Blue □ Gr	een 🗸 📆 🗓						
□ Variflex □ Upper □ Lower 5							
Hard/Soft Night Guard (self adjusting)							
□ Hard Guard □ Upper □	Lower 3(3)						
□ Soft Guard □ Upper □	. •						
	Lower 1 RIGHT LEFT 16						
□ B Dawson Splint □ Upper □							
□ AID/NTI Deprogrammer □ Upper □							
□ MAPA Appliance□ Upper □□ Kois Deprogrammer□ Upper □							
□ Cranham Deprogrammer □ Upper □	[///] - (///)						
□ ema® Snoring & Sleep Apnea □ Upper □	22 22 22						
Indicate Splint Design - Check all that apply							
•	_						
Flat Plane/Group Function	Teeth Only 🗆						
Anterior Guidance/Canine GRANIA - Laboratoria - Laborato	Horseshoe 🗆						
CR Bite Included							
MI Bite Included 🗆							
Fit / Retention	Orthodontic/Misc.						
	☐ Bleaching Trays ☐ Upper ☐ Lower						
Tight □ Ball □	□ Hawley □ Upper □ Lower						
Firm C Clasps	□ Ant. Bite Plane □ Post Bite Plane						
Loose Other	☐ Biocryl Clear Retainer ☐ Upper ☐ Lower						
<u> </u>	□ Athletic Guard □ Upper □ Lower						
	□ Clear or □ Color						
Doctor Signature:Date							

CASE #	CASE # LAB USE ONLY PAN #.				<u></u>			
Date	Work to be Done	Tech	Time and From Dept.	To Dept.	Mgr.			
	-							
				:				
	Wilmysephins		•••••••••••••••••••••••••••••••••••••••					

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	10.000000000000000000000000000000000000							
octor	Notes:							
	Download the Pittman Appliance Guide							
In Lab W	ed Return Date" must fall with in the 'orking Times - https://www.pittman ient at least 14 days from today. Plea	dental.co	m/publication	ons. Please :	schedule			
month cl ment. Cu	unts due and payable by the 10th of en the date due on amount ustomer agrees to pay the lab's cost law shall apply hereto.	unpaid o	over 30 days	from date of	of state-			
Case Delivery Address: Tracking #:								

Suite: _____

State: _____

_Phone:

Address:

Attention:

City: _____