

Dr: _____ Date: _____ Dr. Signature _____ Lic.# _____

Address: _____ Phone: _____

Patient Name: _____ Due Date: _____ Please Call for Consultation

Acculiner Articulation Report:

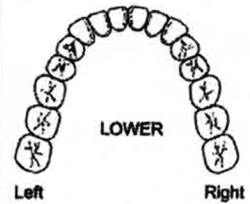
- Maxillary Cant _____mm Uphill Downhill Anterior Left Right _____mm
 Original CEJ _____mm Posterior Left Right _____mm
 Dental Midline Md. _____mm Left Right Skeletal Midline _____mm Left Right

DAY ORTHOTIC

- OD1 (All Acrylic)
 OD2 (Compact w/ Lingual Wire)
 OD3 (P.M.T. w/ Acrylic)

Date of Phonetic Bite: _____ No Change

Changes from "0"	
Vertical + _____mm (Open)	— _____mm (Close)
Mandibular Rotation: _____mm (Patient)	<input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Protrusion _____mm	<input type="checkbox"/> Retrusion _____mm
CEJ's Set at _____mm	



NIGHT ORTHOTIC

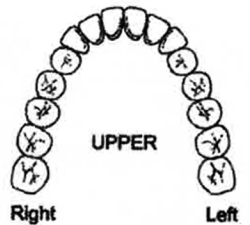
Indicate Clasp: Ball (B) Adams (A) Other

Type of Bite: Phonetic Ecovision Other No Change

Base Acrylic Custom PMT

- ON1 (Anterior Deprogrammer)
 ON2 (Olmos Night Positioner)
 ON3 (Olmos Open Air)
 ON4 (Olmos Decompressor)
 ON6 (Modified ON3)
 Other

Changes from "0"	
Vertical + _____mm (Open)	— _____mm (Close)
Mandibular Rotation: _____mm (Patient)	<input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Protrusion _____mm	<input type="checkbox"/> Retrusion _____mm
CEJ's Set at _____mm	



Sleep

- Oasys Oral/Nasal Airway System®
 EMA - Elastic Mandibular Advancement
 Tap 3°
 Narval

Model: (Please Check)

- SomnoDent Acrylic
 SomnoDent Laminate
 SomnoDent SMH-BFLEX



Optional Features:

- Elastic Retention - hooks for elastics
 Vertical Adjustment - disclusion ramp
 Anterior Opening - no charge

Comments: _____