

SOMNODENT

NEW DEVICE OR REPAIRS

Monday to Friday
8am-5pm AEST
www.somnomed.com/au

Invoice No: _____

Sales Order No: _____

PLEASE PRINT IN CAPITAL LETTERS (All Fields Required)

DENTIST NAME: _____

PRACTICE NAME: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE: _____

EMAIL: _____

IMPORTANT: Allow 14 days from the delivery to SomnoMed for return delivery. For shipping please keep your tracking number

Pick Up Date: _____

Fitting Date: _____

PATIENT NAME: _____

TREATING SPECIALIST: _____

SLEEP TEST COMPLETED: YES NO

RUSH ORDER (6 business days): YES +\$195

PROTRUSIVE BITE REGISTRATION:

Please note protrusive bite registration for SomnoDent mandibular advancement splints is required between 60-80% of the total protrusive range. Bite material should be full anterior to posterior extension with a minimum of 3 mm opening at the two closest opposing teeth.

Are skeletal mid-lines on protrusion aligned?

YES NO (If not _____mm Left / Right)

SOMGauge Measurements:

SOMGauge Centric Record _____mm

SOMGauge Maximum Protrusion _____mm

Total Range of Movement _____mm

SOMGauge Start Position _____mm

SOMNODENT DEVICE RANGE: All SomnoDent are supplied with a Morning Repositioner for a comprehensive OSA Treatment Package

SIGNATURE RANGE:

SomnoDent®

FUSION®

HERBST Advance®

Classic

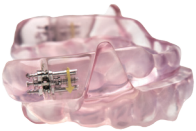
Classic

Classic

Flex

Flex

Flex



ADDITIONAL REQUIREMENTS

- Lingual Less (No acrylic on lingual surface)
- E Dent (Edentulous Patients: a minimum of 6 lower teeth)
- Elastic Retention (To minimise mouth opening during sleep)
- Anterior Breathing Space
- Additional Lateral Movement
- Vertical Adjustment Ramp
- Dentitrac Compliance Recorder

* Provide Activation Information: Gender / DOB / Height / Weight / Prescribed Hours

NEW SOMNODENT:

AVANT® (NEW)



ADDITIONAL REQUIREMENTS

- Anterior Breathing Hole
- Anterior Ramp
- Dentitrac Compliance Recorder

ADDITIONAL INSTRUCTIONS:



CHECK YOUR ORDER IS COMPLETE:

- Upper & Lower Impressions or Stone Models
- Bite Registration or Upper & Lower Digital Scans within Bite Relationship
- I have a 'Patient Consent Form' signed for my records

SEND SUPPORT MATERIALS:

- Lab Forms
- SomnoDent Brochure
- SomnoBrux Brochures
- Product Guide
- SomnoMed Consultant Visit

REPAIR REQUIRED

Please check all models and bite registration are included.

! Note additional freight charges may be incurred.

! All devices out of warranty will be replaced rather than repaired

REPAIR INSTRUCTIONS:

UPFRONT PAYMENT DISCOUNT:

Payment at the time of Invoice will allow you to claim a 2.5% discount on your SomnoDent device. SomnoMed will accept payment by credit card or direct debit.

Tick this box if you wish to make payment prior to device shipment.

SomnoMed Bank Details

Place the invoice number in the payment reference line.

Bank Name: Westpac Banking Corporation Acc. Name: SomnoMed Limited

BSB: 032 002 Acc. Number: 406246 Swift code: WPACAU2S