

*Som* ACCOUNT

# How to create a SomnoBrux Order

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Learn how to create a SomnoBrux order on SomAccount



# CREATING A SOMNOBRUX ORDER

Welcome, Jane Dentist

Search Patients

+ Create Order

+ New Patient

0 New Transfers

1 Unpaid Orders

0 Paid Orders

Imagine the dawn of a new era  
Where treatment is connected yet untethered

Learn more

**My Preferences** [All Devices](#)  
My Preferences have no items

**Repairs & Returns**  
+ Create Return

**My Contact Is**

Now Transfers Open Orders – Paid Open Orders – Unpaid

Date Created	Sales Order #	Amount Due	Status	View Link
09/01/2023	🛒 Pending...	\$834.35	● Pending	<a href="#">View</a>

To create an order with SomnoMed for a SomnoBrux occlusal splint:

1. Go to the Dashboard.
2. On your SomAccount Dashboard click the [Create Order](#) button to begin a new order.

Dashboard / Products

### Category

- All products
- SomnoBrux**
- SomTabs
- Accessories
- Standard Line
- Signature Line

7 Products

Sort By: Popularity ↓



**Gelb - Flex**

\$205.00



**Gelb - Classic**

\$205.00



**Tanner - Flex**

\$206.00



**Tanner - Classic**

\$205.00



**SomnoSnore**



**Michigan Flex**

\$205.00



3. Select the [SomnoBrux](#) from the left-hand navigation under Category.

4. Select the product you would like to order.

## Michigan Flex

\$205.00

### Configure Your Device

Distal Wrap

Splint to Manufacture

Total **\$205.00**

Add to Cart

Add to My Preferences

Save as Clinic Standard Instructions

This will be your first opportunity to [Configure Your Device](#) based on your device specific preferred specifications.

Som ACCOUNT

Dashboard

Patient Management

Order Management

Products

1

You added Michigan Flex to your **shopping cart**.

Products / Michigan Flex

## Michigan Flex

\$205.00

### Configure Your Device

Distal Wrap

Splint to Manufacture

Total **\$205.00**

Add to Cart

Add to My Preferences

Save as Clinic Standard Instructions

Add or remove configurations then click [Add to Cart](#).

Your device will be added to the shopping cart and you will see a number on the cart icon.

Dashboard / Ordering Cart

### Ordering Cart

Product Name	Price	Qty	Total
 <b>Michigan Flex</b> <ul style="list-style-type: none"><li>Distal Wrap: No</li><li>Splint to Manufacture: Upper</li></ul>	\$205.00	1	\$205.00
			<a href="#">Remove</a>
 <b>SomTabs (96 tablets)</b>	\$24.00	1	\$24.00
			<a href="#">Remove</a>

[Continue Shopping](#)

#### Apply Promo Code

Apply Promo Code

### Summary

Subtotal	\$229.00
Shipping	\$29.95
Tax	\$25.90

**Total \$284.85**

[Proceed to Checkout](#)

**Rush Order Fee \$195.00**



[Add to Cart](#)

Once you have confirmed your device selection click [Proceed to Checkout](#) to add patient specific information and configurations.

### 1. Order Details

#### Patient Details

Patient

Please enter 3 symbols

+ Add New Patient

#### Treating Specialist

#### Patient Specific Configuration

Back

### Add New Patient

First Name

Mary

Last Name

White

Date of Birth

20.10.1988

Email

mwhite@gmail.com

Phone

0422999999

Cancel

Save



#### Order Items [Edit](#)

##### Michigan Flex

Quantity: 1  
Total Amount: \$205.00

##### SomTabs (96 tablets)

Quantity: 1  
Total Amount: \$24.00

#### Summary

Subtotal \$229.00  
Shipping cost \$29.95  
Total \$284.85

complete & accurate order information.

Confirm & Proceed

## PATIENT DETAILS

Input the patient's personal information, Click [Add New Patient](#) from the drop down if the patient is not currently in your system. Then press [Save](#).

1. Order Details

2. Shipping Information

3. Payment

## 1. Order Details

### Patient Details

Patient

Mary White



Case type

IOS



Dentist: [Jane Dentist](#)

Scanner Type

3Shape

CareStream

Medit

iTero

Other

### Treating Specialist

[Back to Choose](#)

First Name

N

Last Name

A

Scan Files [Choose](#)

You can upload no more than 250 mb per time Allow file formats: STL, 3SZ, DCM

### Patient Specific Configuration



By proceeding, you confirm you have provided complete & accurate order information.

[Back](#)

[Confirm & Proceed](#)

## TREATING SPECIALIST

This field is mandatory to complete. If the name is not currently in the system click [Add Treating Specialist Manually](#) from the drop down.

For SomnoBrux occlusal splint orders, please enter: N/A  
First Name *N*, Last Name *A*.

1. Order Details

2. Shipping Information

3. Payment

## 1. Order Details

### Patient Details

Patient

Mary White ✕

Dentist: [Jane Dentist](#)

Treating Specialist

Please enter 3 symbols

Case type

▼

- IOS
- Benchtop Scanner
- Impressions
- Dental Model
- Printed Model

### Patient Specific Configuration +

By proceeding, you confirm you have provided complete & accurate order information.

[Back](#)

[Confirm & Proceed](#)

### CASE TYPE

Select the [Case type](#) (Impressions, Dental Model, Printed Model, benchtop scanner or IOS).

If you are sending IOS scans please upload the stl file to your SomAccount order or send through to SomnoMed through the scanners portal as usual.

## Patient Specific Configuration

Protrusive Bite Registration

Midline Deviation in Protrusion (mm)

Midline Deviation Direction

Fix Midline Deviation

SOMGauge Centric Record (mm)

SOMGauge Maximum Protrusion (mm)

Total Range of Movement (mm)

SOMGauge Start Position (mm)

SomnoMed's recommendation is 60-70% of maximum protrusion. E.g. Max protrusion 9.5mm = Recommended start position of therapy at 6.7mm

Nickel Free

Do Not Include 3rd Molars

Wrap Specific Teeth [Choose Teeth](#)

Block out [Choose Teeth](#)

Occlusal Contacts / Interdigitation

Canine Rise

LVI Lingual Less

Retention may not be optimal when this option is selected for SomnoDent Flex.

Occlusal Re-inforcement

Wing Re-inforcement

Compliance Recorder (Dentitrac)

Edentulous with Post Dam

Anterior Option

Minimal Lingual Bulk

Additional Ball Clasps

Acculiner

Additional Notes

By proceeding, you confirm you have provided complete & accurate order information.

[Back](#)

[Confirm & Proceed](#)

## PATIENT SPECIFIC CONFIGURATION

Click on [Patient Specific Configuration](#) to further configure the device to suit your patient.

If you have any additional notes or configurations that are not available within the selections click to add [Additional Information](#) – please be as succinct as possible to avoid delays in your order.

Once the device has been configured, please check all the device and patient configuration details you have entered are correct. When you are happy you have entered all the information required, click [Confirm & Proceed](#).

\*Please note that instructions that are not applicable to the device you have chosen will be grayed out and not available to alter.

1. Order Details

2. Shipping Information

3. Payment

## 2. Shipping Information

### Shipping Address

Jane Dentist Company, 20 Clarke Street, Crows Nest, North Sydney Council, New South Wales, Australia, 2065

[Use Other](#)

### Shipping Method

AU – Shipping

\$29.95

[Back](#)

[Continue to Payment](#)

### SHIPPING ADDRESS

Please confirm your shipping address before continuing to payment.

1. Order Details

2. Shipping Information

3. Payment

### 3. Payment Details

Pay on Account

I agree to pay with my current invoice [Terms & Conditions](#).

#### Billing Address

Jane Dentist Company, 20 Clarke Street, Crows Nest, North Sydney Council, New South Wales,  
Australia, 2065

Pay by Card (Stripe)

#### Apply Promo Code

Apply Promo Code

[Back](#)

Confirm Order

Select whether you would like to pay on account or pay now with credit card.

Take a final check of the order summary and when happy press [Confirm Order](#) to submit to SomnoMed.



## Thank you for your order

**Order Acknowledgement Number 100081**

We'll email you an order confirmation with details and tracking info.

Thank you for your order, please see your email for a copy of the order confirmation and relevant order details.

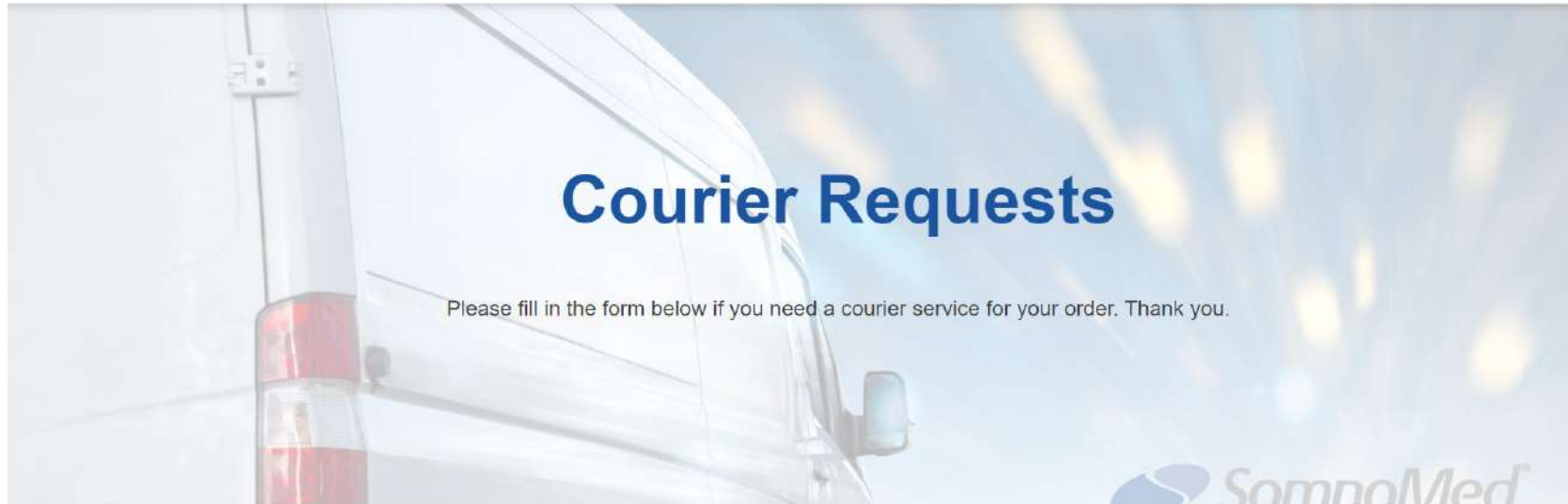
[Print Order Detail](#)

[Back to Dashboard](#)

[View Order Detail](#)

### **ORDER CONFIRMATION**

You will see a confirmation of your order. From here you can print your order, view order details, or return to the dashboard.



## Courier Request Form (For Dental Practice)

### TRADITIONAL MODELS

If you are sending traditional dental models or impressions to SomnoMed please print the order detail and include this in your shipment. You can request a courier collection of your models/impressions by completing this online request:

<https://somnomed.com/au/dentists/courier-request/>