

SomnoMed Limited

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Crows Nest NSW 2065

Phone: (02) 9467 0400 Fax: (02) 9467 0467 Mon - Fri, 8am-5pm EST www.somnomed.com.au

PLEASE PRINT IN CAPITAL LETTERS *Indicates required information

IMPORTANT: Please allow 16 days from SomnoMed receiving this form for return delivery. When shipping please make note of the courier tracking number.

*Today's Date: _____

Date Required: _____

*Dentist Name: (first and last name) _____

*Practice Name: _____

REFERRING SPECIALIST: Help us to help you

*Address: _____

*Specialist Name: (first and last name) _____

*City: _____ State: _____ Postcode _____

Or

Dentists Own Patient:

Patient updating/upgrading device:

Patient's own action:

*Phone: _____ Ext: _____

*Patient Name (first and last name) _____

PATIENT DATA: George Gauge Measurements

George Gauge Centric Record _____ mm

George Gauge Maximum Protrusion _____ mm

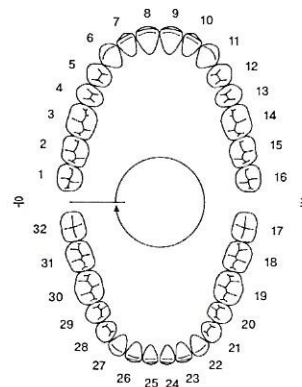
Total Range of Movement (Distance between centric and maximum) _____ mm

George Gauge Start Position (Full anterior - posterior extension of bite material, 60-80% of total available range) _____ mm

Please note protrusive bite registration should have 5mm opening at incisors

Are skeletal midlines on protrusion aligned? Yes No
If not: _____ mm Left or Right

ADDITIONAL INSTRUCTIONS:



MODEL: What model and specifications do you require?

- SomnoDent[®] G2 Flex
 SomnoDent[®] G2 Acrylic
 SomnoDent[®] Flex
 SomnoDent[®] Classic (Acrylic)
 SomnoDent[®] Flex with DentiTrac
 SomnoDent[®] Fusion (15mm, 17mm)

OPTIONAL FEATURES:

- Anterior Breathing Space
 Additional Lateral Movement (Allows patient additional movement from side to side.)
 Vertical Adjustment (Disclusion Ramp has anterior 'ramp' built onto upper plate, designed to disclude posterior region.)
 Elastic Retention (Allows orthodontic elastic to be attached to hooks on both sides to help hold patient's mouth in closed position.)

PLEASE CHECK THE FOLLOWING ARE ENCLOSED:

- Upper and lower impressions (PVS or Silicone only)
 Upper and lower models
 Protrusive bite registration

REPAIRS: Please Check You Have Enclosed the Following

NB: additional charges may be incurred

- All Models
 Repair Comments _____
 Bite Impressions _____
 Bite Registration _____

SUPPORT MATERIALS:

Please tick if you require any of the following:

- Lab Sheets
 SomnoMed Patient Brochures
 SomnoMed Rep Visit