

## SomnoBRUX ORDERSEDEL

Tandläkare: \_\_\_\_\_  
Datum: \_\_\_\_\_  
Adress: \_\_\_\_\_  
Ort: \_\_\_\_\_  
Postnr: \_\_\_\_\_  
Telefon: \_\_\_\_\_  
Email: \_\_\_\_\_

Ankom: \_\_\_\_\_  
\_\_\_\_\_

Ordernr: SE \_\_\_\_\_  
\_\_\_\_\_

Patient namn: \_\_\_\_\_ Personnr: \_\_\_\_\_  
Leveransdag (3 veckors leveranstid): \_\_\_\_\_

### SomnoBrux Michigan

Täcker alla ocklusala ytor. Kan tillverkas för den övre respektive undre käken

- ÖK (upper splint)  
 UK (lower splint)

### Hörntandslyft (Canine Rises)

- Ja (Yes)  
 Nej (No)

### Protrusion (Anterior Guidance Ramp)

- Ja (Yes)  
 Nej (No)

### Material

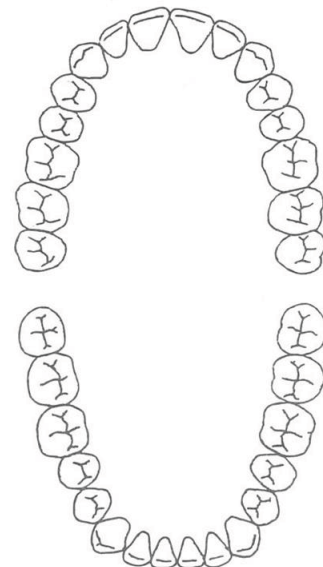
- Hård akryl (Hard Acrylic)  
 Hård/Mjuk (SMH BFlex) (Hard/Soft)

### Ocklusala Kontakter (Occlusal Contacts)

- Planslipad (Flat Plane)  
 Mild interdigitation

### Index bifogat (Construction Bite Provided)

- Ja (Yes)



Övriga upplyningar (Additional instructions)

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