

# SOMNOBRUX

## 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: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

Pick Up Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Fitting Date: \_\_\_\_\_

SUBURB: \_\_\_\_\_

STATE: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**IMPORTANT: Allow 10 Days from delivery to SomnoMed for return delivery. For shipping please keep your tracking number.**

### CONSTRUCTION BITE

Please note Construction Bite is required for SomnoBrux device.  
Bite material should be full anterior to posterior extension with 2mm opening at the posteriors.

#### SomnoBrux MICHIGAN

Covers all occlusal surfaces of the dental arch. Full coverage with even contact. Can be made for the upper or lower. Please specify below:

- Upper Splint
- Lower Splint

**Do you also require:**

(SomnoBrux Michigan Splint Only)

- Canine Rises
- Anterior Guidance Ramp

#### SomnoBrux TANNER

Lower splint designed so that posterior teeth touch at the same time to evenly distribute the forces of clenching. The anterior is designed to allow the jaw to rub smoothly from one side to the other, with little frictional resistance

#### SomnoBrux GELB

Lower splint with posterior coverage connected with a heavy metal bar lingual of the incisors. Counter model is recommended with a wax bite reflecting desired occlusal acrylic thickness.



#### MATERIAL

- Hard Acrylic
- Hard/Soft (SMH BFlex)

#### CLASPS

(Mark location on diagram)

- Ball
- Adams
- "C"

#### ADDITIONAL DETAIL

##### Construction Bite Provided

- Yes
- No

##### Occlusal Contacts

- Flat Plane
- Mild Interdigitation
- Strong Interdigitation

### 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 SomnoBrux 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

I understand that by checking this box, I agree to SomnoMed's Privacy Policy. For details of SomnoMed's Privacy Policy, please go online to <https://somnomed.com/au/privacy-policy/> or call Customer Service for a printed version of our Privacy Policy.

#### Production Use Only: