

# 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

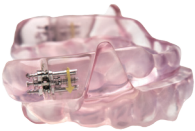
Classic

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