

# KAISER FONTANA TRIAL



PLEASE CALL  
(This may delay delivery)

**ATTN:**  
Anthony Daclan

FOR INTERNAL USE ONLY  
PAN#

Customer Service: (888) 447-6673 Mon - Fri, 8 AM - 5 PM CST | 7460 Warren Parkway, Suite 190 Frisco, Texas 75034 | www.somnomed.com  
PLEASE COMPLETE ENTIRE FORM, SAVE FOR YOUR RECORDS, PRINT AND SEND IN WITH YOUR CASE. CONTACT CUSTOMER SERVICE FOR SHIPPING LABELS.

DENTIST INFORMATION: Dealer #, if applicable: \_\_\_\_\_ Customer #: \_\_\_\_\_

Dentist Name: (first and last name) LAST FIRST

Practice Name: Kaiser Fontana Medical Center License #: \_\_\_\_\_

Address: Medical Office Building #7 Sleep Lab  
9985 Sierra Ave.

Expected product delivery is approximately 14 business days from the date the order\* is physically received by SomnoMed.

City: Fontana State: or Province CA Zip: or Postal 92335

\*Order includes completed lab slip, models or impressions, and bite registration.

Phone: - - Ext: Email: \_\_\_\_\_

PATIENT INFORMATION:

Patient Name: (last and first name) LAST FIRST

PHYSICIAN INFORMATION:

Referring Sleep Physician Name: (last and first name) LAST FIRST

DEVICE	QTY	REMAKE	
<input type="checkbox"/> SomnoDent Flex		<input type="checkbox"/>	
<input type="checkbox"/> SomnoDent Classic		<input type="checkbox"/>	(Ball clasp retained)
<input type="checkbox"/> SomnoDent Lingual-Less		<input type="checkbox"/>	(Ball clasp retained)
<input type="checkbox"/> SomnoDent Herbst* (E0486)		<input type="checkbox"/>	<input checked="" type="checkbox"/> Telescopic OR <input type="checkbox"/> Shim <input type="checkbox"/> MH BFlex OR <input type="checkbox"/> Ball clasp retained
<input type="checkbox"/> SomnoDent G2		<input type="checkbox"/>	<input type="checkbox"/> SMH BFlex <input type="checkbox"/> Ball clasp retained
<input type="checkbox"/> SomnoBrux		<input type="checkbox"/>	<input type="checkbox"/> Maxillary <input type="checkbox"/> Michigan <input type="checkbox"/> Mandibular <input type="checkbox"/> Michigan <input type="checkbox"/> Tanner <input type="checkbox"/> Gelb

**PLEASE INCLUDE THE FOLLOWING:**

Upper and lower impressions or models (PVS or Silicone only) (Class IV Diestone Preferred)

Protrusive bite registration  
Please note: protrusive bite registration should have 5.0mm opening at incisors.

Disinfected & in plastic bag \_\_\_\_\_  
Initials

**MATRx™**  
MATRx starting position \_\_\_\_\_ mm

**ADDITIONAL OPTIONS**

Elastic (ER) hooks\*

3 Pt. hooks

Anterior opening

Wrap distal of last tooth

Bite ramp discluding Element (height) \_\_\_\_\_

Metal reinforcement in wings

Metal reinforcement in occlusal surface

NOTES

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\*Same patient - 2nd appliance discount (30%) applies only when requested within six months of the original Rx. Discount cannot be combined with any other offer. Discount does not apply to the Herbst device. Please contact SomnoMed for further details.  
\*ER hooks option no additional fee when ordering SomnoDent Herbst.

SECTION TO BE COMPLETED BY DENTIST:

DENTIST SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

As a medical device company, we are mandated to validate any modifications to the 510(k) cleared device. This is a rigorous process which includes safety and effectiveness testing to ensure you receive a fully compliant device that exceeds your quality expectations. Any modifications performed after the device is released from SomnoMed null and voids your warranty and may result in the device not performing as intended. By signing above, you are stating the preferences listed above are what you wish to include in your device and you accept any responsibility for modification of the device after release from SomnoMed.

Please complete this form using Adobe Acrobat. Save a copy for your records, print a copy to send in with your order.  
Herbst\* is a registered trademark of Dentaaurum Inc., Newtown PA.  
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