



Your Occlusal Splint Specialist

TMD TECHNOLOGIES

Doctor: _____

Date Shipped: _____

Address: _____

Date Due: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ email: _____

Patient: _____

Please print carefully.

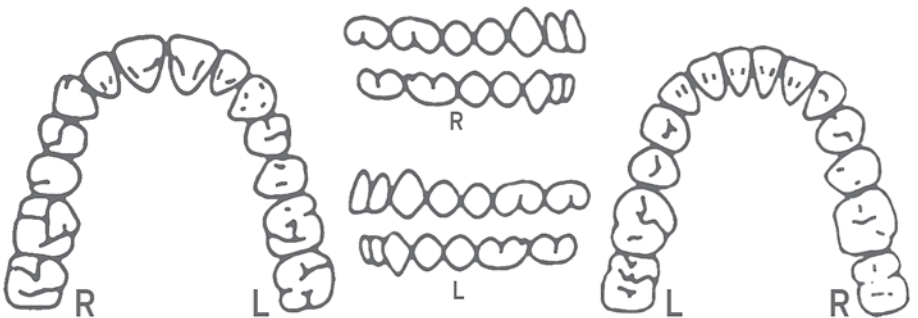
- Flat Occlusal Splint
 - Upper Lower
- Anterior Repositioning Splint
 - Upper Lower
- Centric Relation Splint
 - Upper Lower
- M.O.R.A.
- Anatomically Correct Orthotic
- T.A.P. 3 TL

Optional base material:

- Biocryl
- DuraSoft®
- VariFlex™

Clasping (please diagram location):

- None
- Ball
- Adams
- Circumferential
- Lab discretion
- Other _____



Special Instructions: _____
