

Doctor: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient: _____

Contact person for scheduling questions: _____ for technical questions: _____

Date Shipped: _____

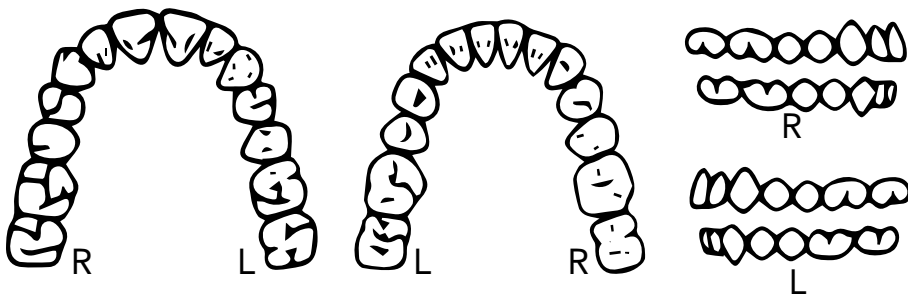
Date Due: _____

- SPLINTS:** UPPER LOWER Flat Occlusal Splint
 Anterior Repositioning Splint Centric Relation Splint Anatomically Correct Orthotic
 Other: _____

CLASPING (please diagram location):

- None Ball Adams Circumferential Lab discretion

- OPTIONAL BASE MATERIAL:** Pressure Formed Hard Pressure Formed Hard/Soft



Special Instructions: _____

Please see additional information on the back of this form.



Types Of Splints

Splint names are too numerous to list on an Rx sheet. The names of our splints are generic starting points. Occlusal schemes are highly customized for each customer we have. Please call to discuss your appliance design needs. Standard splint material is PMMA acrylic. When an optional base material is used, PMMA acrylic is typically added as an additional laminated layer, to create a custom occlusal scheme.

Printable Mailing Label and Rx Sheet

TMD Technologies supplies customers with USPS prepaid mailing envelopes. To print a prepaid mailing label or prescription sheet, please go to TMDTechnologies.com