

PLEASE PRINT IN CAPITAL LETTERS

Dentist Name: (first and last name) Date:

Address: Suburb: Post Code:

Phone Number: **REFERRING PHYSICIAN:**

PATIENT NAME: (first and last name) **Date Required:**
(MINIMUM 16 CALENDAR DAYS)

MODEL OPTION: (please tick)

FLEX

ACRYLIC

EDENTULOUS

(please also tick Flex or Acrylic)



Photo of Edentulous

Any device can be made 1/2 Acrylic and 1/2 Flex depending on dentition.

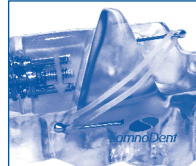
Please specify in comments.

OPTIONAL FEATURES: (please tick)



Vertical Adjustment - Disclusion Ramp

Has anterior 'ramp' built onto upper plate, designed to disclude posterior region.



Elastic Retention

Allows orthodontic elastic to be attached to hooks on both sides to help hold patient's mouth in closed position.



Additional Lateral Movement

Allows patient additional movement from side to side.



Non Adjustable

Protrusion is fixed in one position as determined by the dentist. This device has no advancement mechanism.

COMMENTS:

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.....
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EMAIL:

ENCLOSED:

Upper and lower impressions
(PVS or Silicone only)

Upper and lower models

Protrusive bite registration

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

PATIENT DATA:

1. George Gauge Centric Record mm

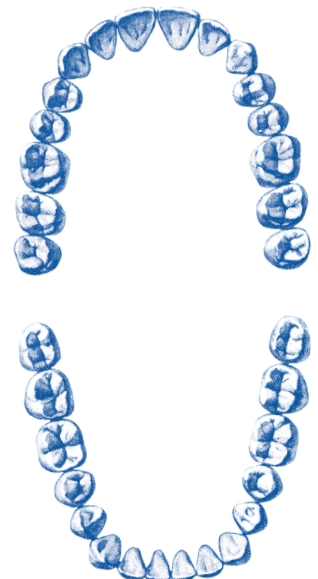
2. George Gauge Maximum Protrusion mm

3. Total range available (distance between centric and maximum) mm

4. George Gauge Start Position mm
(Full anterior - posterior extension of bite material, 60% - 80% of total available range)

5. Are skeletal midlines on protrusion aligned? Y N

6. If no, how many mm to the left or right ? mm



OFFICE USE ONLY		
O/N	APP	Pan #:
Tech:	R:	Order #: