



500 Village Park Drive
Powell, Ohio 43065

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DOCTOR'S ACCOUNT NUMBER

DATE SHIPPED

DATE WANTED

Allow 3-5 in lab days

1 day prior to appointment

Patient's Name _____

Drs. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Send: Boxes Mailing Labels RX Forms (Download at www.d3dentaldesign.com)

Case Materials Enclosed: Impression Model Digital File Sent by _____

DENTAL HANDPIECE REPAIR AVAILABLE

SPLINT AND ATHLETIC MOUTHGUARDS

IMPORTANT: Always retain models and bite registration until appliance is seated. Should a problem occur, our return/remake policy is void if original models are not returned.

PLEASE SPECIFY

Upper Lower

Horseshoe Palate No Tissue Contact

SPLINT/NIGHTGUARD

Flat Plane

Full Contact w/ Anterior Guidance

Anterior Repositioning (Index-Pull Forward)

Gelb

Biostar® Overlay Splint (2mm)

N.T.I. (4x4 Deprogrammer)

Durasoft® (Hard/Soft Material)

Overlay Only

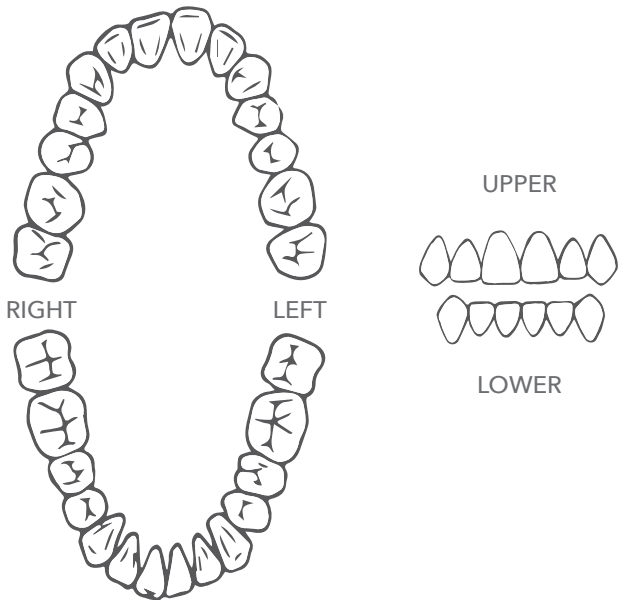
Flat Plane Articulated

Full Contact w/ Anterior Guidance

Variflex™ (Heat-Softening Acrylic)

Flat Plane

Full Contact w/ Anterior Guidance



CUSTOM ATHLETIC MOUTHGUARD

Upper Lower Dual

Light Wt. Medium Wt. (Standard) Heavy Wt.

With Strap Reinforcing Mesh

Clear

Single Color:

Multi-Color:

Special Instructions:

Personal Signature of Doctor _____