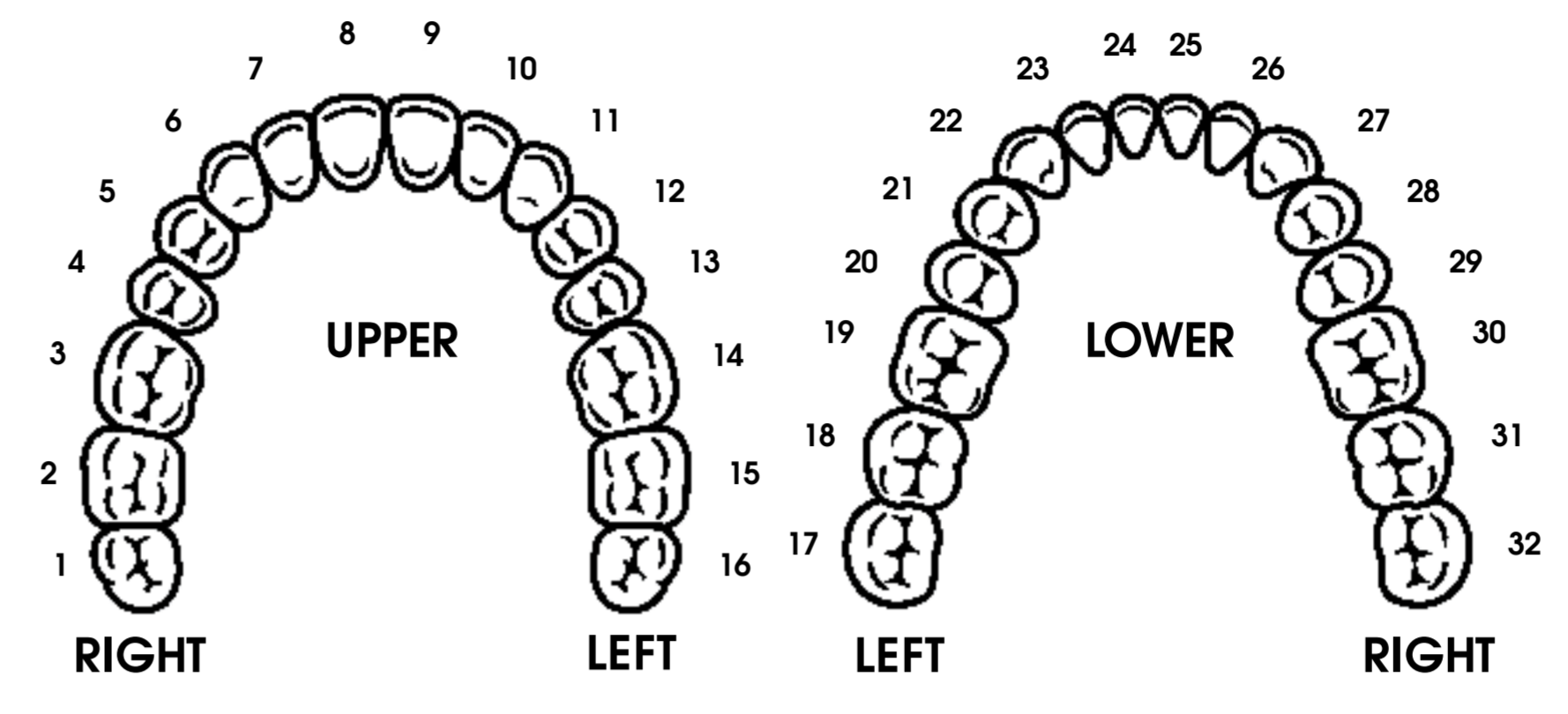


DR. NAME			
FULL ADDRESS			
GROUP / PRACTICE NAME			
EMAIL		PHONE	
PATIENT INFO	FIRST NAME	AGE	
	LAST NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
DUE DATE	TODAY'S DATE		




PLEASE INDICATE ON THE DIAGRAM:

- Circle teeth that are periodontally involved
- Mark with a "C" teeth that are crowned

SLEEP APPLIANCE

THE SLIDE® ORAL SLEEP APPLIANCE



- The Slide Nylon**
(Made with Type 12 Nylon, SLS, 3D printed)
- The Slide Acrylic**
(Made with KeySplint Soft 3D printed resin)

SPECIAL INSTRUCTIONS	ENCLOSED WITH CASE
<p><i>The Protrusive Sleep Apnea Bite requires a minimum clearance of 5mm over the posterior teeth for connector placement.</i></p>	<input type="checkbox"/> PROTRUSIVE BITE <input type="checkbox"/> IMPRESSIONS <input type="checkbox"/> PHOTOS <input type="checkbox"/> METAL TRAYS OTHER <hr/> <hr/>
	<input type="checkbox"/> CALL ME

DR. SIGNATURE	
DR. LICENSE #	

FOR LAB USE ONLY