## Slide Sleep Technologies

## Sleep Therapy Rx Form

Laboratory Procedure Authorization | Dr. Signature Required

**RX\_23275** 

Email: info@slide2sleep.com 114 Holmes Road, Suite 146, Houston TX 77045 Toll Free: 1-855-754-3311 DR. NAME PLEASE INDICATE ON THE DIAGRAM: **FULL ADDRESS** ■ Circle teeth that are GROUP / PRACTICE NAME periodontally involved PHONE **EMAIL** ■ Mark with a "C" teeth that are crowned **PATIENT** AGE **RIGHT** FIRST NAME **RIGHT** INFO ☐ FEMALE LAST NAME ☐ MALE **DUE DATE** TODAY'S DATE **ENCLOSED** SPECIAL INSTRUCTIONS SLEEP APPLIANCE WITH CASE THE SLIDE® ORAL SLEEP APPLIANCE The Protrusive Sleep Apnea Bite requires a minimum clearance **PROTRUSIVE BITE** of 5mm over the posterior teeth for connector placement. **IMPRESSIONS** the SLide 22 the SLide 32 the S **PHOTOS METAL TRAYS** ☐ The Slide Nylon (Made with Type 12 Nylon, SLS, 3D printed) **OTHER** ☐ The Slide Acrylic (Made with KeySplint Soft 3D printed resin) ☐ CALL ME DR. SIGNATURE DR. LICENSE # FOR LAB USE ONLY