SNORNOMOR
Sleep in Peace

ORAL SLEEP APPLIANCE RX

ABSOLUTE DENTAL SERVICES

844-293-ADS1 (2371) toll free
snornomor.com
absolutedentallab.com

DATE: _____

DATE NEEDED: _____

TIME NEEDED: _____

DR: _____ **PATIENT:** _____

APPLIANCE TYPE: _____

_____

_____

❑ 90 DAY TRANSITIONAL APPLIANCE ❑ PERMANENT APPLIANCE

HOME SLEEP STUDY EQUIPMENT RENTAL

DATE NEEDED: _____

RETURN DATE: _____

BITE:

❑ VERTICAL TITRATION _____ mm

❑ HORIZONTAL TITRATION _____ mm

❑ GEORGE GAUGE SETTING _____ mm

DIGITAL WORKFLOW

IMPRESSION SYSTEM USED: _____

❑ UPPER IMPRESSION SENT ❑ LOWER IMPRESSION SENT ❑ BITE REGISTERED

❑ ABSOLUTE DIGITAL IMPRESSION SERVICES REQUIRED

ANALOG WORKFLOW

❑ UPPER PVS IMPRESSION ❑ LOWER PVS IMPRESSION ❑ ANALOG BITE

SPECIAL INSTRUCTIONS: _____

_____

_____

_____

_____

DENTIST SIGNATURE **DENTIST LICENSE**

By signing and submitting this prescription the undersigned is agreeing to pay for the item(s) prescribed.