



- PLEASE PHONE ME CONCERNING THIS CASE
- SEND ME *GOOD2GO* VIRTUAL TREATMENT PREVIEW
- APPLIANCE REPLACEMENT INSURANCE

DOCTOR \_\_\_\_\_ DATE SENT \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ DATE WANTED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ PATIENT'S AGE \_\_\_\_\_  
(please print)

**PLEASE SEND SUPPLIES:**

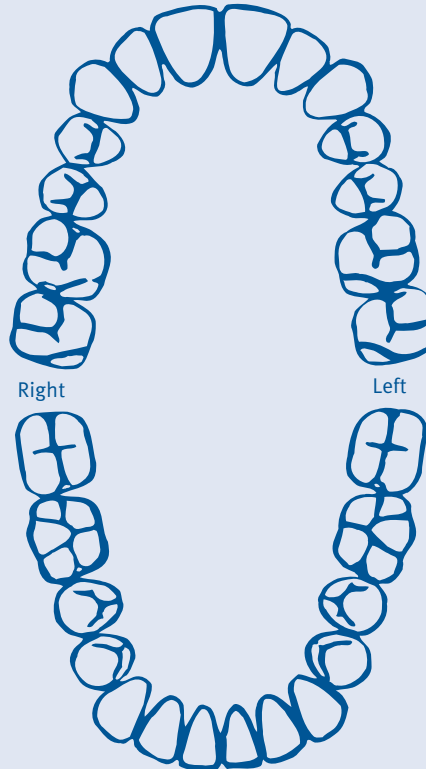
- RX SHEETS
- RX LABELS
- SHIPPING BOXES
- SHIPPING BAGS
- EXTRA PROGRESS REPORTS
- EXTRA APPLIANCE KEYS

## SNORING AND SLEEP APNEA APPLIANCES

### TYPE

- D-SAD (NYLON POLYMER)
  - PLATEAU DESIGN
  - BAND DESIGN
- ORTHOAPNEA (DUALFORM HS ACRYLIC)
- EMA (DURABITE CO-POLYESTER)
- HERBST
  - HARD ACRYLIC
  - PROFLEX ACRYLIC
- DORSAL
  - HARD ACRYLIC
  - DUALFORM HS ACRYLIC

### APPLIANCE DESIGN



**SPECIAL INSTRUCTIONS:**

**DOCTOR'S SIGNATURE:** \_\_\_\_\_