



DIAMOND ORTHOTIC LABORATORY INTERNATIONAL

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Lab Use Only		
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M	I	B

OFFICE: 619 . 724 . 6400
FAX: 619 . 724 . 6401

Please visit our website to download Rx forms, turn-around calendars and shipping supplies

Date Sent: _____ Due Date: _____ Lic. #: _____
(DATE ITEMS LEAVE YOUR OFFICE) (2 DAYS PRIOR TO APPT. DATE)
 Dr: _____ Signature: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Patient Name: _____ Email Address: _____

OLMOS SERIES OF ORTHOTICS

≡ All Olmos Night orthotics come standard w/flat lower opposing trutaine ≡



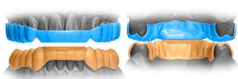
◆ **OD**
(Olmos Day)

BASE MATERIAL

- ◆ Thermoform (PMT)
- ◆ Acrylic w/clasps
- ◆ Dual-Laminate
- ◆ Allergy-Free
- ◆ Printed

MODIFICATIONS

- ◆ Canine Guidance
- ◆ Pivot Occlusion
- ◆ Heavy Indexing
- ◆ Expansion Screw
Type: _____



◆ **ON-D**
(Olmos Night - Decompressor)

BASE MATERIAL

- ◆ Thermoform (PMT)
- ◆ Acrylic w/clasps
- ◆ Dual-Laminate
- ◆ Allergy-Free
- ◆ Printed

MODIFICATIONS

- ◆ Soft Nasal Dilators
- ◆ Tongue Positioners
- ◆ Expansion Screw
Type: _____

COLOR: _____
Appliance

COLOR: _____
Nasal Dilators



◆ **ON-P**
(Olmos Night - Positioner)

BASE MATERIAL

- ◆ Thermoform (PMT)
- ◆ Acrylic w/clasps
- ◆ Dual-Laminate
- ◆ Allergy-Free
- ◆ Printed

MODIFICATIONS

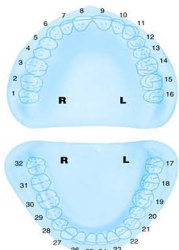
- ◆ Soft Nasal Dilators
- ◆ Tongue Positioners
- ◆ Titratable Trutaine
- ◆ Expansion Screw
Type: _____

COLOR: _____
Appliance

COLOR: _____
Nasal Dilators

DAY-TIME ARTICULATION: (CHANGES TO BITE)

- ◆ Increase for clearance (lab decision)
- ◆ (+) Increase Vertical: _____ mm
- ◆ (-) Decrease Vertical: _____ mm
- ◆ Retrude: _____ mm
- ◆ Protrude: _____ mm



NIGHT-TIME ARTICULATION: (CHANGES TO BITE)

- ◆ Increase for clearance (lab decision)
- ◆ (+) Increase Vertical: _____ mm
- ◆ (-) Decrease Vertical: _____ mm
- ◆ Retrude: _____ mm
- ◆ Protrude: _____ mm

◆ DDSO (Diamond Digital Sleep Orthotic)



OCCLUSAL CONTACT:

- ◆ Posterior
- ◆ Anterior
- ◆ ON Loop
- ◆ Tripod +1
(Anterior Discluding)

REMOVABLE ATTACHMENTS:

- ◆ Soft Nasal Dilators
- ◆ Modular Tongue Positioners
- ◆ Vertical Titration
- ◆ Removable Buttons
- ◆ Nylon Band Size: _____

OSA/SLEEP APPLIANCES

FDA Approved

Medical Code: E0486



◆ **OASYS**



◆ **Panthera**



◆ **TAP**

TAP Style: _____
 ◆ Triple-Laminate
 ◆ Thermocryl

SomnoDent Signature Series



◆ **Classic** ◆ **Herbst Advanced**

- ◆ Classic (Acrylic/Ball Clasps)
- ◆ SMH-Flex (Soft-liner)
- ◆ Lingual-less

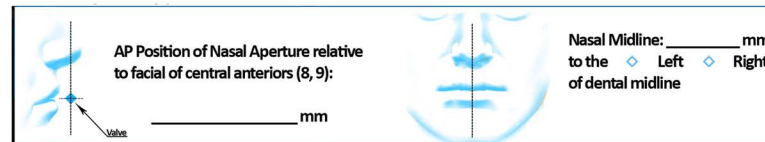


◆ **EMA**

- ◆ EMA Band Length: _____ mm
- ◆ EMA Band Color: _____
- ◆ Anterior Contact Only
- ◆ Tripod +1 Contact
- ◆ ON Loop

◆ Shirazi-Hybrid Appliance

- ◆ Thermoform (PMT)
- ◆ Printed
- ◆ Anterior Contact
- ◆ Posterior Contact



Instructions/Appliance Design:

(Please specify desired materials, occlusal preferences & any custom designs)

◆ Scan Models

◆ Duplicate Models

Comments:

****PLEASE NOTE****
 If you do not provide a due date, your case will be scheduled according to the manufacturing calendar. ASAP is not a due date. For ALL rush cases, please call 619.724.6400 to confirm delivery date prior to setting appointment.

◆ Please check here if you would like us to return your case mounted (Additional charge)

FOR ALL WARRANTY CLAIMS/REPAIRS, ORIGINAL MODELS, BITE & APPLIANCE MUST BE RETURNED