DIAMOND ORTHOTIC LABORATORY INTERNATIONAL

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Lab Use Only		
/	/	
M	I	B

◇ Rx Forms ◇ Shipping Labels ◇ FEDEX ◇ USPS ◇ Boxes ◇ Other: _____

Date Sent: _____ (DATE ITEMS LEAVE YOUR OFFICE) **Due Date:** _____ (2 DAYS PRIOR TO APPT. DATE) Lic. #: _____

Dr: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Patient Name: _____ Please call for consultation ◇

OLMOS SERIES OF ORTHOTICS

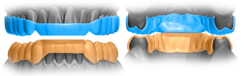
All Olmos Night orthotics come standard w/flat lower opposing trutaine

◇ OD
(Olmos Day)

BASE MATERIAL
- ◇ Thermoform (PMT)
- ◇ Acrylic w/clasps
- ◇ Dual-Laminate
- ◇ Allergy-Free

MODIFICATIONS
- ◇ Expansion Screw
- ◇ Canine Guidance
- ◇ Pivot Occlusion
- ◇ Light Indexing
- ◇ Heavy Indexing

COLOR: _____



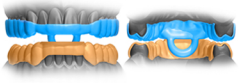
◇ ON-D
(Olmos Night - Decompressor)

BASE MATERIAL
- ◇ Thermoform (PMT)
- ◇ Acrylic w/clasps
- ◇ Dual-Laminate
- ◇ Allergy-Free
- ◇ Printed

MODIFICATIONS
- ◇ Soft Nasal Dilators
- ◇ Hard Nasal Dilators
- ◇ Tongue Positioners
- ◇ Expansion Screw

COLOR: _____ Appliance

COLOR: _____ Nasal Dilators



◇ ON-P
(Olmos Night - Positioner)

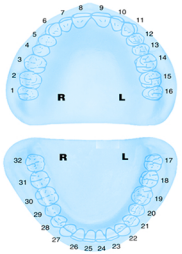
BASE MATERIAL
- ◇ Thermoform (PMT)
- ◇ Acrylic w/clasps
- ◇ Dual-Laminate
- ◇ Allergy-Free
- ◇ Printed

MODIFICATIONS
- ◇ Soft Nasal Dilators
- ◇ Hard Nasal Dilators
- ◇ Tongue Positioners
- ◇ Expansion Screw

COLOR: _____ Appliance

COLOR: _____ Nasal Dilators

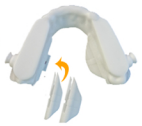
DAY-TIME ARTICULATION:
(CHANGES TO BITE)
- ◇ Increase for clearence (lab decision)
- ◇ (+) Increase Vertical: ____ mm
- ◇ (-) Decrease Vertical: ____ mm
- ◇ Retrude: ____ mm
- ◇ Protrude: ____ mm



NIGHT-TIME ARTICULATION:
(CHANGES TO BITE)
- ◇ Increase for clearence (lab decision)
- ◇ (+) Increase Vertical: ____ mm
- ◇ (-) Decrease Vertical: ____ mm
- ◇ Retrude: ____ mm
- ◇ Protrude: ____ mm

◇ DDSO (Diamond Digital Sleep Orthotic)

OCCLUSAL CONTACT:
- ◇ Tripod
- ◇ Tripod +1 (Anterior Discluding)
- ◇ Posterior
- ◇ Anterior
- ◇ ON Loop



REMOVABLE ATTACHMENTS:
- ◇ Soft Nasal Dilators
- ◇ Hard Nasal Dilators
- ◇ Modular Tongue Positioners

OSA/SLEEP APPLIANCES

FDA Approved ☰ **Medical Code: E0486**

◇ **OASYS**

◇ **EMA**
- ◇ EMA Band Length: ____ mm
- ◇ EMA Band Color: _____

◇ **Panthera**

◇ **TAP**

TAP Style: _____
- ◇ Triple-Laminate
- ◇ Thermocryl

Somnomed Signature Series

◇ **Classic**

◇ **Fusion**

◇ **Herbst Advanced**

◇ **SUAD**

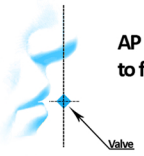
◇ **SUAD ULTRA**

Please Indicate:
- ◇ Classic (Acrylic/Ball Clasps)
- ◇ SMH-Flex (Soft-liner)
- ◇ Lingual-less

Additional Modifications/Features for Sleep Devices

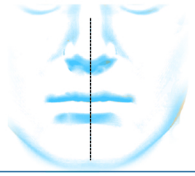
◇ Soft Nasal Dilators ◇ Hard Nasal Dilators ◇ Tongue Positioners ◇ Elastic Retention ◇ Anterior Opening ◇ Anterior Pad

◇ Shirazi-Hybrid Appliance



AP Position of Nasal Aperture relative to facial of central anteriors (8, 9):

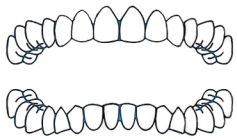
_____ mm



Nasal Midline: _____ mm **to the** ◇ **Left** ◇ **Right of dental midline**

Instructions/Appliance Design:
(Please specify desired materials, occlusal preferences & any custom designs)

◇ Scan Models ◇ Duplicate Models



Comments: _____

◇ Please check here if you would like us to return your case mounted (Additional charges may apply)

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