



**DIAMOND ORTHOTIC
LABORATORY
INTERNATIONAL**

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Lab Use Only			
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A	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: _____ Please call for consultation ♦

OLMOS SERIES OF ORTHOTICS



♦ **OD**
(Olmos Day)

BASE MATERIAL
(MUST SELECT ONE)

- ♦ Thermoform (PMT)
- ♦ Acrylic w/clasps
- ♦ Dual-Laminate
- ♦ Printed

MODIFICATIONS

- ♦ Pivot Occlusion
- ♦ Heavy Indexing
- ♦ Expansion Screw
- Type: _____
- Color: _____

DAY-TIME ARTICULATION:
(CHANGES TO BITE)

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

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



♦ **ON-D**
(Olmos Night - Deprogrammer)

BASE MATERIAL
(MUST SELECT ONE)

- ♦ Thermoform (PMT)
- ♦ Acrylic w/clasps
- ♦ Dual-Laminate
- ♦ Printed

MODIFICATIONS

- ♦ Soft Nasal Dilators
- ♦ Hard Nasal Dilators
- ♦ Vertical Shims (PRINTED ONLY)
- ♦ Ramp (ONP w/no hole)
- ♦ Expansion Screw
- Type: _____
- Color: _____ (Appliance)
- Color: _____ (Nasal Dilators)

NIGHT-TIME ARTICULATION:
(CHANGES TO BITE)

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



♦ **ON-P**
(Olmos Night - Positioner)

DIAMOND DIGITAL SERIES: BIOCOMPATIBLE TYPE 12 NYLON

♦ **DDSO** (Diamond Digital Sleep Orthotic)



ARTICULATION

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

OCCLUSAL CONTACT
(MUST SELECT ONE)

- ♦ Posterior Contact
- ♦ Anterior Contact
- ♦ Tripod+1
- ♦ ON-Loop
- ♦ ON-Ramp

MODIFICATIONS

- ♦ Soft Nasal Dilators
- ♦ Modular Tongue Positioners
- ♦ Elastic Hooks (lip-seal retention)
- ♦ Vertical Titration
- ♦ Removable Buttons
- ♦ Nylon Band Size: _____

♦ **DDDO** (Diamond Digital Dorsal Orthotic)



ARTICULATION

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

OCCLUSAL CONTACT
(MUST SELECT ONE)

- ♦ Anterior Opening
- ♦ Anterior Contact
- ♦ Full Contact

MODIFICATIONS

- ♦ Soft Nasal Dilators
- ♦ Modular Tongue Positioners
- ♦ Elastic Hooks (lip-seal retention)

RANGE OF MOTION: (REQUIRED MEASUREMENTS)

Maximum Opening: _____ mm
Maximum Protrusion (FROM CENTRIC BITE): _____ mm

BITE REGISTRATION PROVIDED:

- ♦ Phonetic
- ♦ Protrusive (i.e. George Gauge)
- ♦ Other: _____

OSA/SLEEP APPLIANCES

FDA Approved Medical Code: E0486



BASE MATERIAL
(MUST SELECT ONE)

- ♦ Thermoform (PMT)
- ♦ Acrylic w/clasps
- ♦ Dual-Laminate

SomnoDent Signature Series
(MUST SELECT TYPE OF DEVICE AND BASE MATERIAL)



BASE MATERIAL

- ♦ Classic (Acrylic/Ball Clasps)
- ♦ SMH-Flex (Soft-liner)

OCCLUSAL CONTACT
(MUST SELECT ONE)

- ♦ Posterior Contact
- ♦ Anterior Contact
- ♦ Tripod+1
- ♦ ON-Loop
- ♦ ON-Ramp

MODIFICATIONS

- ♦ Nasal Dilators
- ♦ Tongue Positioners
- ♦ EMA Band:
Length: _____
Color: _____

♦ **Shirazi-Hybrid** **OCCLUSAL CONTACT**
(MUST SELECT ONE)

- ♦ Anterior Contact
- ♦ Posterior Contact
- ♦ Nasal Dilators
- ♦ Tongue Positioners



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

- ♦ Scan Models
- ♦ Duplicate Models



Comments: _____

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