DIAMOND ORTHOTIC LABORATORY INTERNATIONAL

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Lab Use Only			
/		/	
A	M	I	B

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

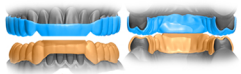
◇ **OD**
(Olmos Day)

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 clearence (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)

◇ **ON-P**
(Olmos Night - Positioner)

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 clearence (lab decision)
- ◇ (+) Increase Vertical: ____ mm
- ◇ (-) Decrease Vertical: ____ mm
- ◇ Retrude: ____ mm
- ◇ Protrude: ____ mm

Diamond Digital Series: Biocompatible Type 12 Nylon

◇ DDSO (Diamond Digital Sleep Orthotic)

Articulation
- ◇ Increase for clearence (lab decision)
- ◇ (+) Increase Vertical: ____ mm ◇ Retrude: ____ mm
- ◇ (-) Decrease Vertical: ____ 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 clearence (lab decision)
- ◇ (+) Increase Vertical: ____ mm ◇ Retrude: ____ mm
- ◇ (-) Decrease Vertical: ____ 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

Somnomed Signature Series

SomnoDent

◇ Classic ◇ Fusion ◇ Herbst Advanced ◇ SUAD ◇ SUAD ULTRA

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

◇ SNOREHOOK

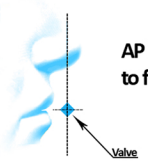
◇ TAP (TAP)

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

◇ Shirazi-Hybrid

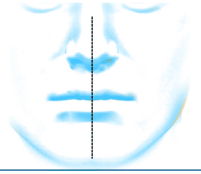
Occlusal Contact
(must select one)
- ◇ Anterior Contact
- ◇ Posterior Contact

Modifications
- ◇ Nasal Dilators
- ◇ Tongue Positioners



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

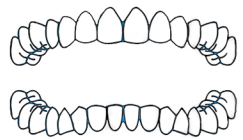
_____ mm



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: _____

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