



Ottawa (613)736-1946 | Toll Free 1-800-267-7040

Dentist information:

Dentist Name: (first and last name)		LAST										FIRST																			
Practice Name:												License #:																			
Address:																															
City:												Prov:				Postal Code:															
Phone:				-				-				Ext:				Email:															

Patient information:

Patient Name:														
(first and last name)														
LAST										FIRST				
Date of Birth:					MMDDYY					Gender: ☐ Male ☐ Female				
AHI ☐ Mild ☐ Moderate ☐ Severe														

Method of diagnosis: ☐ HST ☐ PSG ☐ Facility: _____

 SomnoDent®
Classic

□ SomnoDent®
Flex

 SomnoDent®
Fusion

 SomnoDent®
Herbst Advanced

QUANTITY:

Please circle 1 2 Other (please specify)

Optional features:

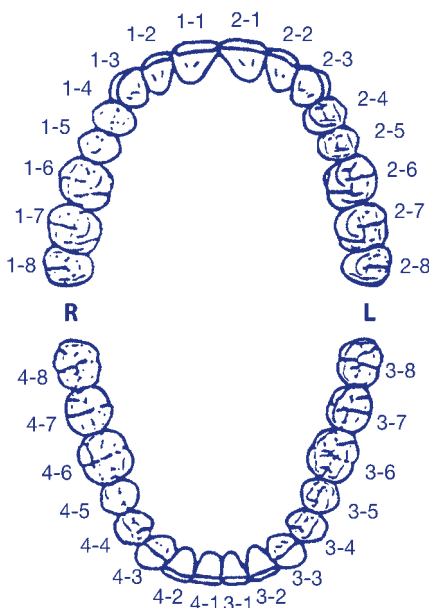
☐ Anterior Opening ☐ Lingual-Less (classic only) ☐ Elastic Retention (Hooks for Elastics) ☐ Edentulous (☐ upper ☐ lower)

☐ Vertical Adjustment Height: _____ Width: _____

Enclosed:

- ☐ Upper and lower impressions (PVS or Silicon only)
- ☐ Upper and lower models
- ☐ Protrusive bite registration
Please note: Protrusive bite registration should have 5.0mm opening at incisors.

Further instructions:

[illegible]

Dentist signature:

Date:

PLEASE COMPLETE ENTIRE FORM.
COPIES NOT ACCEPTED.
PLEASE CALL AURUM/SPACE MAINTAINERS FOR
NEW LAB SLIPS. PRINT IN CAPITAL LETTERS.

FOR INTERNAL USE ONLY

Received Date:

Local Pick-up and Delivery Service Available