SML®
SPACE MAINTAINERS LABORATORIES

SomnoMed
Dental • Sleep • Medical

1320 N. Howard, Spokane, WA 99201-2412 | E-mail aurum@aurumgroup.com
Telephone 509-326-5885 | **Toll Free 1-800-423-6509**

Dentist information:

Dentist Name: (first and last name) LAST FIRST

Practice Name: License #:

Address:

City: State: Zip Code:

Phone: - - Ext: Email:

Patient information:

Patient Name: (first and last name) LAST FIRST

Date of Birth: MM DD YY Gender: ❑ Male ❑ Female AHI ❑ Mild ❑ Moderate ❑ Severe

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

❑ SomnoDent® ***Classic*** | ❑ SomnoDent® ***Flex*** | ❑ SomnoDent® ***Fusion*** | ❑ SomnoDent® ***LVI Lingual-less***

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:

_____

_____

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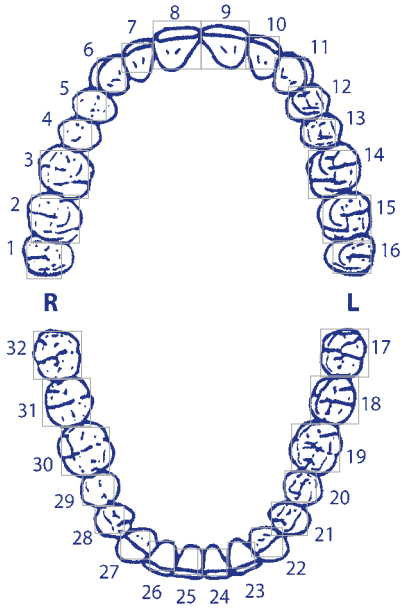

Dentist signature:

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