

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient: \_\_\_\_\_

Contact person for scheduling questions: \_\_\_\_\_ for technical questions: \_\_\_\_\_

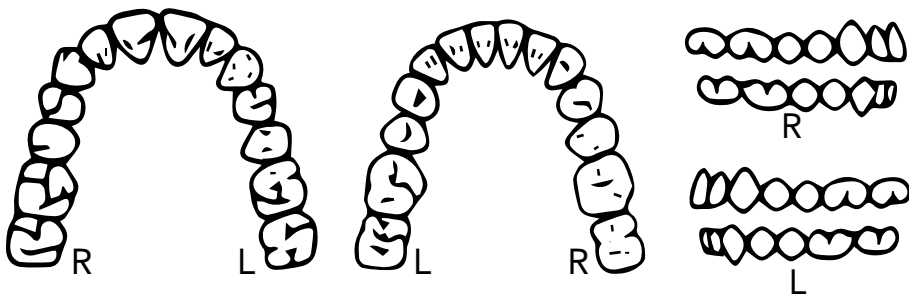
Date Shipped: \_\_\_\_\_

Date Due: \_\_\_\_\_

**SPLINTS:**    UPPER    LOWER    Flat Occlusal Splint  
 Anterior Repositioning Splint    Centric Relation Splint    Anatomically Correct Orthotic  
 Other: \_\_\_\_\_

**CLASPING** (please diagram location):  
 None    Ball    Adams    Circumferential    Lab discretion

**OPTIONAL BASE MATERIAL:**    Pressure Formed Hard    Pressure Formed Hard/Soft



Special Instructions: \_\_\_\_\_

*Please see additional information on the back of this form.*



## **Types Of Splints**

Splint names are too numerous to list on an Rx sheet. The names of our splints are generic starting points. Occlusal schemes are highly customized for each customer we have. Please call to discuss your appliance design needs. Standard splint material is PMMA acrylic. When an optional base material is used, PMMA acrylic is typically added as an additional laminated layer, to create a custom occlusal scheme.

## **Printable Mailing Label and Rx Sheet**

TMD Technologies supplies customers with USPS prepaid mailing envelopes. To print a prepaid mailing label or prescription sheet, please go to [TMDTechnologies.com](http://TMDTechnologies.com)