Your Occlusal Splint Specialist

TMD TECHNOLOGIES

Doctor: _____

Address: _____

Date Shipped: _____

Date Due: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ email: _____

Patient: _____

Please print carefully.

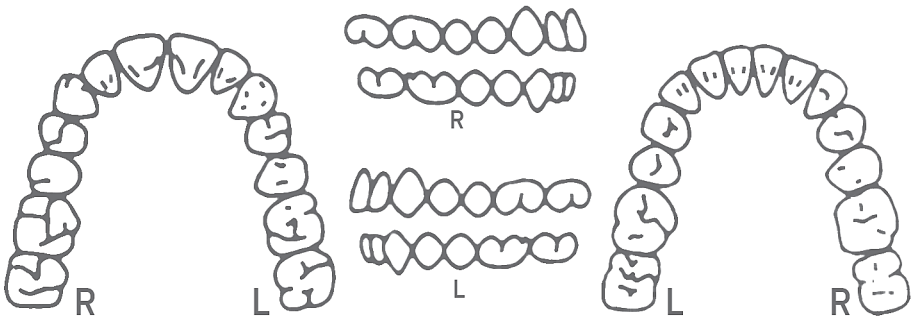
- ❍ Flat Occlusal Splint
  - ❍ Upper ❍ Lower
- ❍ Anterior Repositioning Splint
  - ❍ Upper ❍ Lower
- ❍ Centric Relation Splint
  - ❍ Upper ❍ Lower
- ❍ M.O.R.A.
- ❍ Anatomically Correct Orthotic
- ❍ T.A.P. T TL

Optional base material:

- ❍ Biocryl
- ❍ DuraSoft®
- ❍ VariFlex™

Clasping (please diagram location):

- ❍ None ❍ Circumferential
- ❍ Ball ❍ Lab discretion
- ❍ Adams ❍ Other _____



Special Instructions: _____

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