Sleep Appliance Rx Form

1.800.745.6718 | www.derbydental.com | 3332 Gilmore Industrial Blvd. Louisville, KY 40213

PLEASE COMPLETE FORM, SAVE FOR YOUR RECORDS, & PRINT & SEND WITH CASE.

Case Information:

Dentist:	
License #:	
Address:	
City/State/ZIP:	
Phone:	
Email:	
Patient Name:	
Due Date:	

Appliance Selection

☐ D-SAD	☐ SomnoDent™ Signature
☐ SomnoDent™ Standard	☐ dreamTAP™ (Thermoblend)
☐ TAP® 3	☐ dreamTAP™ DuraFit (Thermoplastic)
☐ EMA® Custom	☐ Morning Repositioner

D-SAD Section *(Please Check One Per Section)*

1

PROTRUSIVE BITE	☐ Bite represents maximum protrusion advancement	OR	☐ Bite represents desired advancement
VERTICAL DIMENSION	☐ Close or open to optimize the device	OR	☐ Keep it, call if changes needed
LATERAL DEVIATION	☐ None OR ☐ Yes		
BRUXISM	☐ None OR ☐ Light-moderate OR ☐ Severe		
ELASTICS	☐ None OR ☐ Yes		

D-SAD Customized Section *(Please Check One Per Section)*

2

☐ CHECK TO USE OPTIMAL VALUES

	RECOMMENDED								
PLATEAUS	☐ Lateral	OR	☐ Full	OR	☐ Central Only	OR	☐ Lateral to Lateral	OR	☐ Canine to Canine
UPPER BAND	☐ Simple Buccal	OR	☐ 1/2	OR	☐ Simple Lingual	OR	☐ Full		
LOWER BAND	☐ 1/2	OR	☐ Simple Buccal	OR	☐ Simple Lingual	OR	☐ Full		

SOMNODENT™ ORAL DEVICE CHOICE (if retention type not selected - defaults to lab choice)

1

	QUANTITY
SIGNATURE DEVICE	
☐ Fusion®	
☐ Flex (Retention: SMH B-Flex soft liner only)	
☐ Classic (Retention: Ball clasp only)	
☐ Lingual-Less (Retention: Ball clasp only)	
☐ SUAD™ (Retention: soft liner or acrylic) ○ standard tube/rod OR ○ telescopic 1 piece (+$99USD, +$139CAD)	
☐ SUAD Ultra™ (Retention: acrylic only) ○ standard tube/rod OR ○ telescopic 1 piece (+$99USD, +$139CAD)	
STANDARD DEVICE	
☐ AIR (Ball Clasp)	
☐ AIR+ (PolyPlus liner)	
☐ Herbst Advance® (E0486)	
☐ Morning Repositioner	
SOMNOBRUX DEVICE	
☐ Michigan (Upper or Lower) OR ☐ Gelb (Lower only) OR ☐ Tanner (Lower only)	

NOTES

PLEASE INDICATE ALL RESTORATIONS AND FRAGILE TEETH

RETENTION TYPE - *REQUIRED* (if retention type not selected - defaults to lab choice)

2

☐ Ball Clasp (N/A SUAD™ devices) OR ☐ Soft Liner (SMH/POLYPLUS; N/A SUAD Ultra™) OR ☐ Acrylic (SUAD™ devices only) OR ☐ Lab Choice

ADDITIONAL OPTIONS / ADD-ONS

3

- ☐ Anterior Opening (inherent to SUAD™ Ultra Design)
- ☐ ER (Elastic Retention) Hooks
- ☐ DE (Discluding Element) / Bite Ramp: Height ____mm
- ☐ Wrap distal of last tooth (3mm vertical requirement – When Possible)
- ☐ Metal reinforcement in wings
- ☐ Metal reinforcement in occlusal surface (vertical may be increased)
- ☐ AIR Device Extended Warranty — 1 Year $75 USD, $105 CAD
- ☐ AIR Device Extended Warranty — 2 Years $120 USD, $168 CAD
- ☐ Nickle-Free (available on flex and Classic devices without metal reinforcement)
- ☐ Compliance Recorder (Not available in SUAD™ devices in US)

Braebon License Number: .....

DENTIST SIGNATURE: (per state dental board requirements)

DATE:

Please complete this form using Adobe Acrobat. Save a copy for your records; print a copy to send in with your order.