



- PLEASE PHONE ME CONCERNING THIS CASE
- SEND ME *GOOD2GO* VIRTUAL TREATMENT PREVIEW
- APPLIANCE REPLACEMENT INSURANCE

DOCTOR _____ DATE SENT _____

E-MAIL ADDRESS _____ DATE WANTED _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

PATIENT'S NAME _____ PATIENT'S AGE _____
(please print)

PLEASE SEND SUPPLIES:

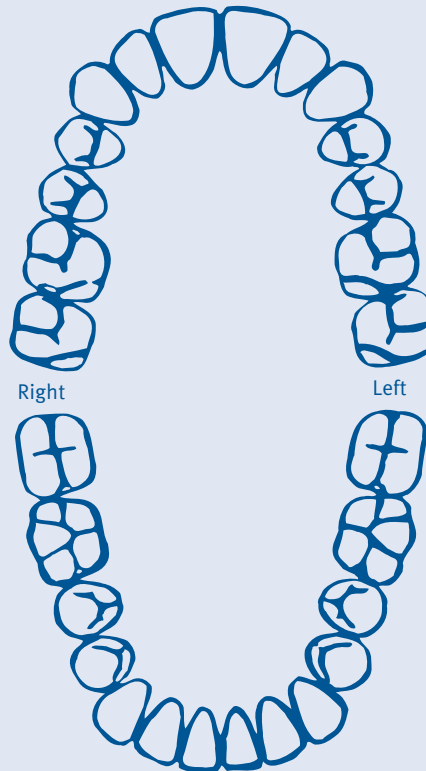
- RX SHEETS
- SHIPPING BAGS
- SHIPPING WAYBILLS
- EXTRA PROGRESS REPORTS
- SHIPPING BOXES
- EXTRA APPLIANCE KEYS

SNORING AND SLEEP APNEA APPLIANCES

TYPE

- ORTHOAPNEA (DUALFORM HS ACRYLIC)
- EMA (DURABITE CO-POLYESTER)
- FMA
 - DUALFORM HS ACRYLIC
 - DURABITE CO-POLYESTER
 - HARD ACRYLIC
- HERBST
 - HARD ACRYLIC
 - PROFLEX ACRYLIC
- DORSAL
 - HARD ACRYLIC
 - DUALFORM HS ACRYLIC

APPLIANCE DESIGN



SPECIAL INSTRUCTIONS:

DOCTOR'S SIGNATURE: _____