

CARABELLI



Doctor/Office: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Patient Name: _____

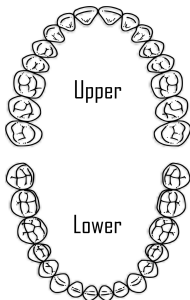
Date Sent: _____ Date Due*: _____

Advance mandible _____ mm

Minimum thickness _____ mm

Flexible Rigid

Select Arch



Splint Designs

- Michigan
- Anterior Repositioner
- Tanner
- Daytime Positioner
- Full Coverage Anterior Deprogrammer
- Anterior bite stop
- Nightguard
- Whitening tray set
- Clear Retainer Set
- Herbst Sleep Appliance

Specific Instructions: _____

TRIOS

Dexis / CS

Digital scans taken with:

iTero

Sirona

Other: _____

