Comfort Acrylics, Inc - Digital Laboratory Division
2103 NE 272nd Avenue   Camas, Washington 98607 1-800-748-2566
talon@comfortacrylics.com   scans@comfortacrylics.com

Provider: Name_____ Clinic name _____
Address _____ City_____State_____Zip_____
Telephone_____ email_____

Please have the appliance designer call me for additional instructions _____

Patient:

Name _____ First appliance _____ Replacement _____

Appliance _____SleepAPP ADV dotMAD (variable pivoting) screw attached polymer straps – patient adjustable
_____SleepAPP Flex dotMAD (pull forward) poly-urethane straps – patient adjustable

Nasal airway function   Circle most descriptive **No Nasal function** 0-1-2-3-4-5-6-7-8-9-10 **Normal Nasal Function**

Previous Sleep Study _____ NA   if yes, approximate date _____ diagnosis mild_____ moderate____ severe_____

Delivery Date _____ / Time_____ *(mandatory)*

TMJ functionality:

protrusive range of motion - full retrusion from incisal edge to edge - _____mm

full protrusion from edge to edge forward_____mm

Total protrusive range of motion _____mm

Target:

Inter-incisal distance_____mm

Protrusive setting (edge to edge = 0mm) (patient POV) **+ /** - (circle one) _____mm from edge to edge at target

Excursive – Mandibular dental midline (patient POV) L / R (circle one) from Maxillary dental midline_____mm at target

The Comfort Acrylics bite fork will insure a precise, delegatable, verifiable registration of the three-point target you order.

Bongo Rx nasal EPAP / CPAP connector receptacle to be included in the appliance design? Yes_____ No _____
(recommended in moderate to severe cases with adequate nasal airway function if EPAP/CPAP may be needed for full OSA management) If requested - maxillary dental midline is (patients' POV) L / R _____mm to the vertical midline of the patient's nasal columella.

Transfer Options

- Send conventional impressions / models including the bite registration using the Comfort Acrylics bite registration fork at the desired target to **Comfort Acrylics – Digital Laboratory Division**

Note:

Please allow 10 business days from arrival at Comfort Acrylics, Inc. for appliance delivery date. Rush orders available

- If full arch and bite scans are sent to scans@comfortacrylics.com, they must be of adequate quality to assure an adjustment-free delivery of the finished device. Please contact laboratory for specific instructions

Additional instructions_____
_____

Thank you for your business

Provider signature _____ License #_____
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>Below for official use only <<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

FDA / QMS appliance code _____ printer _____ polymer _____

Scan Data complete, no apparently abnormal anatomic contours _____ Missing data adequately repaired _____

Scan Quality acceptance _____ certified lab technical department
Scan Quality rejection - re-scan requested via email _____certified lab technical department

Design Trays Settings used – Undercut _____Offset _____

Final Design Positioned parts appropriate to the case _____Strap number selected _____ No evident conflicts of appliance / straps _____ No apparent lingual conflicts inhibiting lingual motion_____ QMS appliance code applied to appliance _____

Design Acceptance _____date_____certified lab technical department

Finish / assembly Printing is without deficiencies _____ Metal sleeves properly inserted _____ finish / polish _____

Final appliance acceptance   signature _____ date _____ certified lab technical department

Form update 11/01/20