

Anti-Snoring & Sleep Apnea Appliance Prescription



Your Total Orthodontic, Digital & Sleep Solution!™

Account # _____ Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

P. O. Box 99
 St. Ann, MO 63074-0099
 800-489-4020 • 314-426-4020
 FAX 314-429-7575

info@dynaflex.com • www.dynaflex.com

Patient Name

Date Wanted (please allow 3 weeks)

Date Shipped

- Dorsal**
 - Acrylic
 - Comfort Fit
 - Thermal (additional \$125)
 - Add Hooks
 - Add Reinforcement
 - Shorten Lingual
 - Open Screws _____mm
 - No advancement screws required
 - Reverse Fin

Dorsal AirPlus™ - Acrylic only
 (includes reverse fins & shorten lingual)

Adjustable Herbst

- Add Hooks

TAP® 1

- ThermAcryl®
- Triple Laminate

TAP® 3

- ThermAcryl®
- Triple Laminate

TAP® 3 Elite

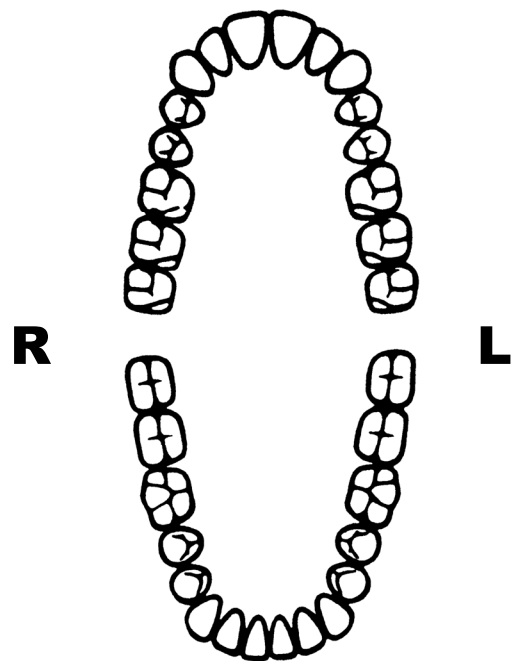
- ThermAcryl®
- Triple Laminate

LISA

LISA II

EMA

Rush Service (less than three days in lab) Additional \$50



Color: _____

- Add anterior platform on appliance to disclude posterior teeth
- Open anterior to allow tongue space
- Add occlusal platform for posterior support

FDA 510(k) Clearance

The eight snoring and sleep apnea devices featured on this prescription have 510(k) clearance (K 103076) from the United States Food and Drug Administration. Confirmation can be found at the FDA website, www.fda.gov.

SPECIAL INSTRUCTIONS

Signature

License #
