

## LAB SHEET

### Doctor's Information

Doctor's Name: \_\_\_\_\_ Office Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Office Email: \_\_\_\_\_  
 Doctor's License#: \_\_\_\_\_

### Patient's Information

Patient's Name: \_\_\_\_\_

#### ENCLOSED

- |             |                          |   |                          |
|-------------|--------------------------|---|--------------------------|
| Impressions | <input type="checkbox"/> | Bite (at requested start position)      | <input type="checkbox"/> |
|             |                          | <i>Allow 4mm &amp; Anterior Opening</i> |                          |
| Models      | <input type="checkbox"/> | Shift (in bite)                         | <input type="checkbox"/> |
| Bite        | <input type="checkbox"/> | Natural                                 | <input type="checkbox"/> |
| Payment     | <input type="checkbox"/> | Other                                   | <input type="checkbox"/> |

#### Special Instructions:

\*Please refer to our due date calendar for return dates.

#### 2-Day Rush

\*Confirmation by Respire Medical is required before placing any Rush Service order. To reduce manufacturing time, we ask that only PVS style impressions be sent.

\*Rush service does not apply to EF cases

WHITE: Whole You Office Copy • YELLOW: Doctor Copy

#### SLEEP APPLIANCES

- Respire Blue+**     **Respire Blue**  
 Hard     Reduced Lingual Coverage     Hard/Soft  
*(available only in hard)*
- Respire Blue EF+**     **Respire Blue EF**  
 Hard with ball clasps     Hard with C-clasps
- Respire Pink**  
 Hard     Reduced Lingual Coverage     Hard/Soft  
*(available only in hard)*
- Respire Pink EF**  
 Hard with ball clasps     Hard with C-clasps
- Respire Pink Micro**  
 Hard     Reduced Lingual Coverage     Hard/Soft  
*(available only in hard)*
- Respire Pink EF Micro**  
 Hard with ball clasps     Hard with C-clasps

#### DAYTIME APPLIANCES (TMD Treatment)

- Full Coverage (Upper/Lower)     Gelb Mora  
 Hard/Soft Night Guard     Lingual Coverage  
 \*Flat Plane? Y  / N

#### REPAIR CASES

- Acrylic     Reset     Remake  
 \*All repairs, remakes and resets require bite registrations and impressions for accurate manufacturing.

#### OPTIONAL EXTRAS (\$25 each)

- Elastic Hooks     Anterior Bump

#### DENTITRAC® COMPLIANCE CHIP (\$120)

- Available in Pink Series

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DISCLAIMER: If the Technician feels that the bite and/or impressions will lead to an ill fitting appliance, then he/she will contact the dental office and ask if they wish to proceed. If the Dentist wishes to still go ahead, then they are liable for the cost of a remake appliance.

Manufactured by



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