

Dr. _____ Ph. _____

Address _____

_____ ZIP _____

Patient _____

Date Shipped:

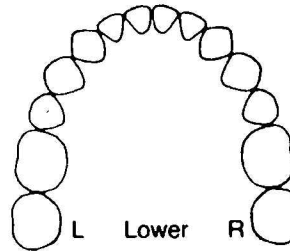
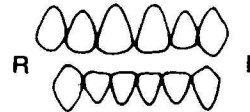
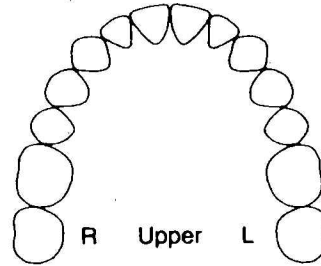
Date-Time Needed:

SPLINT RX

SPLINT CONSTRUCTION

- FLAT PLANE SPLINT
- Anterior Repositioning Splint
- Centric Relation Splint
- Use Enclosed Wax Bite
- Cuspid Rise
- Ball Clasps

Indicate location on drawing



TYPE OF SPLINT

- HARD ACRYLIC
- DUAL / LAM
- THERMO FLEX
- Other: _____

SPECIAL INSTRUCTIONS _____

1370 - 116th Avenue NE, Bellevue WA 98004