



SPACE MAINTAINERS
LABORATORIES

**HOMEOBLOCK
APPLIANCE**

ACCOUNT#



PLEASE SEND MORE INFORMATION ABOUT:

- MAILING MATERIALS
- PRODUCTS & SUPPLIES
- DIAGNOSTIC SERVICES
- CONTINUING EDUCATION COURSES

PATIENT'S FIRST NAME

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OFFICE EMAIL ADDRESS

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PATIENT'S LAST NAME

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AGE

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OFFICE PHONE NUMBER

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ACCOUNT#

ADDITIONAL SERVICES*

- RETURN DUPLICATE SET OF MODELS
- APPLIANCE INSURANCE

<p>DUE DATE</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p><input type="checkbox"/> EMERGENCY SERVICE FOR APPLIANCES* <small>(24 to 48 Hrs. Processing)</small></p> <p><input type="checkbox"/> PATIENT WILL BE APPOINTED AFTER APPLIANCE ARRIVES</p>	<p>(LAB USE ONLY)</p> <p><input type="checkbox"/> S.I.</p>	<p>DIAGNOSTIC SERVICES*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Phone Consultation Service <input type="checkbox"/> Digital Study Models <input type="checkbox"/> Plaster Study Model Fabrication <input type="checkbox"/> Cephalometric Tracing Service <input type="checkbox"/> Complete Orthodontic Records Package <ul style="list-style-type: none"> <input type="checkbox"/> Package #1 - Includes Digital Study Models <input type="checkbox"/> Package #2 - Includes Plaster Study Models <input type="checkbox"/> Orthodontic Diagnostic Service <input type="checkbox"/> Digital Study Models with IPR Analysis <p style="text-align: right;"><small>* FEES APPLY</small></p>
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<p>UPPER <input type="checkbox"/> FIXED <input type="checkbox"/> SLEEP # _____</p> <p> <input type="checkbox"/> REMOVABLE <input type="checkbox"/> SPLINTS <small>from Principles of Appliance Therapy textbook</small></p> <p> <input type="checkbox"/> OTHER _____</p> <ol style="list-style-type: none"> 1. Midline Expansion Screw _____ 2. Hawley Archwire from: teeth #'s _____ 3. Adams Clasp on: teeth #'s _____ 4. T Flap Springs on: teeth #'s _____ 5. Lingual arms to: teeth #'s _____ 6. Bite Block on: teeth #'s _____ <p style="text-align: center;"><small>*Provide Construction Bite or indicate desired thickness of bite block.</small></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>RIGHT ADULT LEFT</p> </div> <div style="text-align: center;"> <p>RIGHT PEDO LEFT</p> </div> </div>	<p>LOWER <input type="checkbox"/> FIXED <input type="checkbox"/> SLEEP # _____</p> <p> <input type="checkbox"/> REMOVABLE <input type="checkbox"/> SPLINTS <small>from Principles of Appliance Therapy textbook</small></p> <p> <input type="checkbox"/> OTHER _____</p> <ol style="list-style-type: none"> 1. Midline Expansion Screw _____ 2. Hawley Archwire from: teeth #'s _____ 3. Adams Clasp on: teeth #'s _____ 4. T Flap Springs on: teeth #'s _____ 5. Lingual arms to: teeth #'s _____ 6. Bite Block on: teeth #'s _____ <p style="text-align: center;"><small>*Provide Construction Bite or indicate desired thickness of bite block.</small></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>LEFT ADULT RIGHT</p> </div> <div style="text-align: center;"> <p>LEFT PEDO RIGHT</p> </div> </div>
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<p><input type="checkbox"/> Additional Instructions On Reverse</p>	<p>_____ SIGNATURE</p>	<p>_____ LICENSE NUMBER</p>
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GO GREEN! PLEASE SCAN OR MAKE A COPY OF THIS PRESCRIPTION FORM FOR YOUR RECORDS

BEFORE SUBMITTING TO LAB:

- PRESCRIPTION** - Make sure all appropriate sections are completed.
- STONE MODELS** - Be sure to get doctor's final approval on models (to ensure accuracy and completeness). Trim models as small as possible.
- DIGITAL RECORDS** - If applicable, send digital patient files to www.SMLglobal.com/digital
- ACCURATE CONSTRUCTION BITE** - Include for all cases where acrylic occlusal coverage or mandibular change is required. Specific AP and vertical mandibular position are also required.
- PACKAGING** - Sturdy cardboard box (provided upon request) is required. Fill box completely with packing material. Wrap models carefully and individually.

Terms and conditions on reverse

Treatment Type: (please check type)

- | | |
|--|--|
| <input type="checkbox"/> Space maintenance | <input type="checkbox"/> Finishing/Maintaining |
| <input type="checkbox"/> Habits | <input type="checkbox"/> Mouthguard |
| <input type="checkbox"/> Regain lost space | <input type="checkbox"/> Splint |
| <input type="checkbox"/> Close space | <input type="checkbox"/> Restorative enhancement |
| <input type="checkbox"/> Individual tooth movement | <input type="checkbox"/> Interim partial/bridge |
| <input type="checkbox"/> Crossbite correction | <input type="checkbox"/> Implant |
| <input type="checkbox"/> Arch development | <input type="checkbox"/> Periodontal |
| <input type="checkbox"/> Functional orthopedics | <input type="checkbox"/> Obstructive sleep apnea |
| <input type="checkbox"/> Orthodontics | |

Appliance Type: Fixed or Removable & Upper or Lower

Number from textbook if applicable _____ *

Caution – if modifications are not listed, the appliance will be fabricated exactly as described in the textbook.*Expansion Screws:**

- Midpalatal screw for lateral development
 - Swing lock for anterior/posterior lateral development
 - Sagittal screw for AP development
 - Unilateral (right left)
 - Bilateral Three-way RPE (Haas) RPE (Hyrax)
 - Micro screw Mini screw Tooth # _____
- See Textbook pgs. 1.14-1.18 for expansion screw selection and section 8

Springs: (list tooth # next to spring and type)

Recurved _____ Lab _____ Direct Pressure (“T”) _____

Mesial kick spring (labial or lingual) _____

Distal kick spring (labial or lingual) _____

See Textbook pgs. 1.11-1.13 for best spring selection

Bonded Buttons or Hooks:

Indicate tooth #/position/direction _____

Labial Archwires:

- Standard Hawley Quad Loop Apron
- Wrap-Around Flat Sliding Contoured

Placement (see Textbook pgs. 1.5-1.8)

Clasps: (list tooth # next to clasp type)

Adams _____ Ball _____ “C” Finger _____

Crozat _____ Delta _____ Sage _____

band and bar _____ half clasp _____ Traux clasps _____

See Textbook pgs. 1.1-1.4 for best clasp selection and contraindications

Acrylic:

- Full Palate Horseshoe Open Palate Color _____
 - Strengthening wire Kevlar Special design
 - Specific finish line (i.e. anterior relief)
- see Textbook page 1.9-1.10

Bite Planes: (construction bite essential at desired vertical and AP relationship)

- Lingual anterior bite plane
 - Posterior coverage Complete coverage
- Type of finish:
- Flat Intercusped Point contact Cuspid rise
 - Anterior incline Anterior brush Contact in protrusive
 - Special design (see special instructions)
- see Textbook page 1.20 for selection

Habit Control Devices: – opposing model essential

- Loops Fence Rake Spinner Lip Shield
 - Cheek Shield Anterior Lateral Posterior
- Note: Indicate position and height on model: see Textbook pgs. 3.1-3.5

Rest Seats:

Indicate tooth # and position _____

Bands:

Teeth to be banded _____

- Preformed band provided by doctor
 - Provide custom band
- see Textbook pg. 1.21 for information on band selection.

Lingual Archwires:

- Ideal Contoured
 - Removable – Vertical Horizontal
 - Stops – location _____
- see Textbook pgs. 1.23-1.25

Teeth:Tooth Shade _____ Biotone Other _____

Tooth/Teeth to be replaced _____

Tooth Placement:

- Socketed Adjust model in lab _____ mm.
- Flange/saddle Butted
- Please see written special instruction.

Positioners: request Positioner Design Form.

TERMS AND CONDITIONS**LABORATORY APPLIANCES:**

SML GUARANTEES MATERIALS AND WORKMANSHIP ON ALL APPLIANCES FOR 90 DAYS. IF AN APPLIANCE FAILS WITHIN THIS TIME PERIOD, SML WILL (AT OUR DISCRETION) REMAKE OR REPAIR THE APPLIANCE AT NO CHARGE TO YOU.

TERMS:

All invoices are due 15 days from invoice. At day 30, credit card on file will be charged. We accept Mastercard, Visa, American Express, and Discover. A 1.5% interest charge (18% per year) will be added to all invoices not paid by the due date. If legal action is required to obtain payment, SML is entitled to actual attorney fees.

RETURNS:

SML guarantees that our appliances will fit your working casts. It is therefore essential that all your models be accurate and well-defined upon submission.

If the appliance does not fit the returned working cast, SML will fabricate a new appliance on a new working cast at no charge. **IMPORTANT: All returned appliances must be accompanied by the original working cast and a new accurately-defined cast.**

Should you find that your appliance does not fit the patient, but *does* fit the working cast, you are responsible for taking new impressions. A new prescription will be required with submission of new casts. SML will then fabricate a new appliance.

Occasionally, original working casts may be slightly damaged during the fabrication process. Should such damage occur, SML will flag patient records and return a note with the appliance indicating “Damage During Processing” – and (if appliance does not fit the patient) will remake the appliance at no charge to you. Simply submit new working casts and indicate on your new lab slip that the case is a “broken cast” remake.

MODEL RETURN POLICY:

Return requests for patient models, construction bites or doctor-owned supplies, e.g. trays or articulators, will result in a Model Return Fee being charged to the requesting doctor.

MODEL DISPOSAL POLICY:

Requests for discarding or disposal of patient models, construction bites or doctor-owned supplies, e.g. trays or articulators, will result in a Model Disposal Fee being charged to the requesting doctor.

APPLIANCE WARRANTY AND CONDITIONS:

SML guarantees materials and workmanship on all appliances for 90 days. If an appliance fails within this period, SML will remake or repair the appliance at no charge. Warranty does not cover appliance loss, patient abuse, or change(s) in dentition necessitating new appliance fabrication. All returns subject to taxes, as well as FDA, model pour-up and shipping fees.

SLEEP APPLIANCE WARRANTY AND CONDITIONS:

All sleep appliances are covered – materials and workmanship – for a period of 3 years. If an appliance fails within this period, SML will remake or repair the appliance at no charge. Warranty does not cover appliance loss, patient abuse, or change(s) in dentition necessitating new appliance fabrication. All returns subject to taxes, as well as FDA, model pour-up and shipping fees.

WARNING:

Many appliances are fabricated from stainless steel, nickel titanium, and acrylic. Stainless steel contains small amounts of nickel and chromium. Nickel titanium contains nickel. Acrylic is processed with methyl methacrylate. A small number of the population is known to be allergic to these materials. Should an allergic reaction occur, advise the patient to consult a physician.

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