

# SPLINT/NIGHTGUARD PRESCRIPTION



- B    O    SM    ART  
 I    M    BP    BF    \_\_\_\_\_

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Pan #	Rec. Date	Note for Doctor	REC	DIS	PREP	WX	FIN
Case #	Art #	Invoice #					
DOCTOR _____ ADDRESS _____ PHONE _____ CITY _____ STATE _____ ZIP _____ PATIENT'S NAME _____							
Due date by 5:00 p.m. on:				<h2>*SPLINT FLOWCHART ON BACK</h2>			

**Required**

- Models/Impressions
- Face Bow
- Bite Registration
- Protrusive Bite

**Articulator Preference**

Stratos \_\_\_\_\_ Hanau \_\_\_\_\_ Denar \_\_\_\_\_ Artex \_\_\_\_\_ Sam \_\_\_\_\_ Kavo \_\_\_\_\_ Panadent \_\_\_\_\_

**Appliance Type**

- Flat Plane Occlusal Splint
- Soft Occlusal Guard
- Tanner Splint
- Anterior Repositioning Splint
- Flat Plane Occlusal Splint with opposing cusp indentations

**Arch Choice**

- Max    Mand
- Most Uneven

**Contact All Anterior Teeth**

- Yes    No

**Material Choice**

- Hard Processed Acrylic
- Hard Thermoplastic
- Acrylic with Thermoplastic Inner

**Color**

- Clear
- Toothshade (Acrylic)
- White (Acrylic)

**Design**

- Horseshoe Palate
- Horseshoe No Palatal Cover
- I will Reline
- No Incisal overlap of Anteriors
- See Notes/Drawing Below

**Ball Clasps**

- Yes    No    If Needed

**Bite Registration**

- Dr. Mount (Include Bite)
- Maximum Intercuspation
- Centric Relation
- Protrusive

**Max Ant Pin Opening**

- Average = 5mm    6mm
- 7mm    >7mm    Call

**Min. Occlusal Thickness from longest posterior cusp**

- 1.0mm    3.0mm
- 2.0mm    4.0mm

**Amt. of Posterior Disclusion**

- 1.0mm
- 2.0mm
- 3.0mm

**Condylar Preference**

- Use Protrusive Bite
- 20°    25°    30°
- 35°    \_\_\_\_\_

**Condylar Readings**

Left \_\_\_\_\_ Right \_\_\_\_\_

**Length of Incisal table from MI**

\_\_\_\_\_mm

**For steep Curve of Spee**

- Provide more vertical opening
- Provide steeper anterior guidance

**If No Post Contact With CR Mount**

- Remount MI
- Call

\*All splints have a flat occlusal surface with anterior guidance and posterior disclusions in all excursive movements and follow the phosphyl of Dr. L.D. Pankey and Dr. Peter Dawson.

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DOCTOR'S SIGNATURE \_\_\_\_\_ LIC. NO. \_\_\_\_\_

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