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Doctor's Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Patient's Name: \_\_\_\_\_

**DELIVERY BY 5PM:** \_\_\_\_\_ **APPT DATE:** \_\_\_\_\_

\* Designed following the philosophies taught by **The Pankey Institute** and **The Dawson Academy**, all splints have a flat occlusal surface with anterior guidance and posterior disocclusions in all excursive movements.

**Required Enclosures:** ① Models/Impressions or IOS (Scans) ② Face Bow  
 ③ Bite Registrations ④ Protrusive Bite

**Color:**

- Clear
- Toothshade
- White

**Appliance Type:**

- Flat Plane Occlusal Splint
  - With opposing cusp indentions
- Tanner Splint
- Comfort Hard/Soft
- Soft Occlusal Guard
- Anterior Repositioning Splint

**Arch Choice:**

- Max  Mand

**Contact All Anterior Teeth:**

- Yes  No

**Material Choice:**

- Hard Acrylic
- Hard Thermoplastic
- Acrylic with Thermoplastic Inner

**Bite Registration:**

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

**Minimum Occlusal Thickness from longest posterior cusp:**

- 2.0mm (Standard)  \_\_\_\_\_

**Condylar Preference:**

- Use Protrusive Bite
- 20°  25°  30° (Standard)

**If No Post Contact With CR Mount:**

- Remount MI
- Call

**Articulator Preference:**

- Denar (Standard)  Sam
- Hanau  MK 320
- Artex  Panadent
- Kavo  Stratos

Articulator: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Net amount of invoice is due within 30 days of receipt of order. All balances beyond 30 days are subject to a 2% Late Fee per month not to exceed 24% per year. I agree to pay reasonable attorney fees and collection costs if this account is referred to collection.

**DOCTOR'S SIGNATURE:** \_\_\_\_\_

**LIC. NO.** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_