



LAB USE ONLY Incoming # cases 1 2 3 4 5+

Customer Used: GLO Acct 2 Day On Call

Portal Upload - No Frt (99) Cust Acct - No Frt (99)

Disinfected 0 1 2 3 4 5 6 7 8 9

Rcvd: _____

B# _____ Via: _____

QC: _____ LPD/Shp: _____

Needs DD Call Rec: _____

NO BITE / MDL - B / C

Doc# _____ Digital ID# _____

PLEASE PRINT

Account # **LO** _____ PO # _____

B PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

I DOCTOR: _____

L ADDRESS: _____
(Specify if ship to address is different)

I _____

N _____

G _____

DATE SHIPPED: _____

DATE DUE: _____
 1 day before appointment

A CITY: _____ STATE: _____ ZIP: _____

D PHONE: (____) _____

R Provide Country & City Code FAX: (____) _____

E EMAIL: _____

S _____

PATIENT: _____ AGE: _____

PLEASE PRINT

Please Provide: Boxes Labels Rx (specify appl. type): _____

_____ Qty: _____

Appliance Protection Program (additional fee)

IMPORTANT! Always retain models and bite until appliance is seated.

Damage to models may occur during fabrication, please mark Rx if duplication (additional fee) of model(s) is required.

Fabrication Requirements:

****Prior to your first order the clinician must be a registered RiPPLE provider and receive a RiPPLE starter kit.**

To get started visit: www.rippleretainers.com.

- RiPPLE Retainer
- RiPPLE plus+

Model Requirements:

Upper and Lower choose PVS or alginate impressions, stone models, or submit intraoral scans.

Bite Registration Requirements:

Using the SPG 'Sleep Position Guide' capture the bite in PVS or scan in the optimum 'Sleep Position'.

- My bite is enclosed
- Bite is scanned in the SPG fabrication position

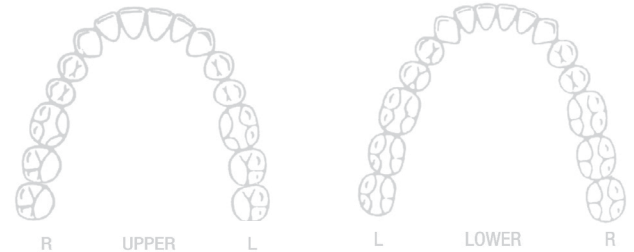
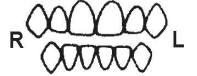
SPG Bite Setting Record:
 VDO (circle) 0 2 4 6
 A/P +/- _____

Reasons for Treatment:

- Preventative
- Bruxism
- TMD
- Headaches
- Daytime tiredness
- Retention
- Snoring
- Mild OSA
- Moderate OSA
- Severe OSA
- CPAP Combination
- Other _____

PLEASE NOTE:

Illustrate discrepancy of dental midlines in construction position. If no indication, we will follow bite registration.



Special Instructions: _____

Master Rx on File # _____

License #: _____

Dr. Signature: _____