

RiPPLE Rx

DOCTOR _____

STREET _____

CITY, STATE/COUNTRY, ZIP _____

TELEPHONE _____

EMAIL ADDRESS _____

SIGNATURE _____ DATE _____

Please construct and deliver to me the dental restoration described herein.

PATIENTS NAME _____

PLEASE SEND: Rx Fixed Restoration Removable RiPPLE
 AIRBILLS BOXES

AGE _____

DATE DUE	LAB USE ONLY	
	CASE NO. _____	
	NOTICE SENT _____	SHIP DATE _____

FABRICATION REQUIREMENTS

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.

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 +/- _____

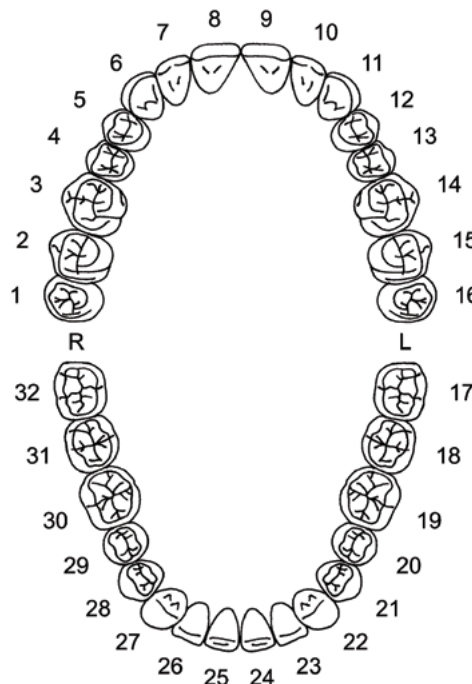
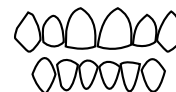
REASONS FOR TREATMENT

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

All products proudly handcrafted in the U.S.A.

PLEASE NOTE:

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



SPECIAL INSTRUCTIONS
