



RETURN PRESCRIPTION TO  
9129 Lurline Ave.  
Chatsworth, CA 91311  
800-423-3270  
www.SMLglobal.com

SLEEP



**PLEASE SEND:**

- MAILING MATERIALS
- PRODUCTS & SUPPLIES
- DIAGNOSTIC SERVICES
- C.E. COURSES



**ADDITIONAL SERVICES\***

- RETURN DUPLICATE SET OF MODELS
- APPLIANCE INSURANCE

ACCOUNT #

DOCTOR NAME

OFFICE ADDRESS

CITY  STATE  ZIP CODE

PATIENT'S FIRST NAME

PATIENT'S LAST NAME

AGE

DATE OF BIRTH

/  /

OFFICE EMAIL ADDRESS

OFFICE PHONE NUMBER

**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.experienceripple.com](http://www.experienceripple.com).

**APPLIANCE:**

- 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:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preventative      | <input type="checkbox"/> Snoring          |
| <input type="checkbox"/> Bruxism           | <input type="checkbox"/> Mild OSA         |
| <input type="checkbox"/> TMD               | <input type="checkbox"/> Moderate OSA     |
| <input type="checkbox"/> Headaches         | <input type="checkbox"/> Severe OSA       |
| <input type="checkbox"/> Daytime tiredness | <input type="checkbox"/> CPAP Combination |
| <input type="checkbox"/> Retention         | <input type="checkbox"/> Other _____      |

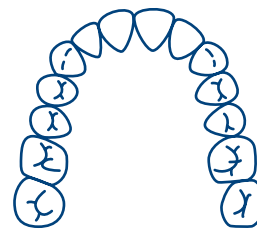
Additional Instructions On Reverse

SIGNATURE

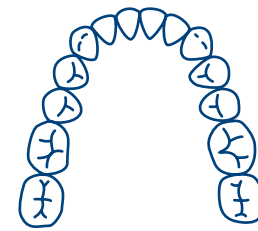
LICENSE NUMBER

**PLEASE NOTE:**

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



RIGHT UPPER LEFT



LEFT LOWER RIGHT

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Master Rx on File # \_\_\_\_\_

**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](http://www.SMLglobal.com/digital)

- ACCURATE CONSTRUCTION BITE** - Include for all cases where acrylic occlusal coverage or mandibular repositioning is 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

## ORDERING SPECIFICATIONS:

The vertical opening ensures enough room for the tongue. The larger the tongue, the more vertical is necessary. Every patient is different, but tongue size and primary position when sleeping should be noted.

The following is a suggested guideline that can be used to specify the vertical opening:

- Female patients that primarily sleep on their side and have no scalloping of the tongue: vertical dimension increase should be 5.5mm.
- Female patients that primarily sleep on their back and/or have a scalloped tongue: vertical dimension increase should be 6.5mm.
- Male patients with a normal tongue who sleep predominately on their side: vertical dimension of 6.5mm is recommended.
- Male patients that have a scalloped tongue and/or sleep predominately on their back: 8.0mm is recommended.

**IMPORTANT NOTE:** Humans are obligate nasal breathers. Great care should be taken to ensure that your patient can maintain an unstrained lip seal. A poor lip seal can lead to mouth breathing with uncomfortable drying of the oral mucosa.

## CONSTRUCTION BITE:

Include a bite registration of 50-75% maximum protrusion (depending on the patient's range of movement). Be sure dental midlines are aligned when at protruded position. If patient has a narrow arch form or large tongue, specify (when ordering) that lingual ramps be included on the appliance.

Bite registration is important in the construction of any dental appliance, and particularly with sleep appliances. When taking a patient's bite registration we recommend using the Andra Gauge™ to obtain the most accurate sagittal, anterior/posterior, and vertical measurements. NOTE: Instructions and videos can be viewed at <http://www.andragauge.com/instructions.php>.

Wax bites are acceptable means of ensuring proper protrusive and vertical registration— as long as you make sure to maintain the dental midlines.

Use of a George Gauge is also an adequate method (stock gauge assumes 5.0mm of vertical).

NOTE: In order to customize the vertical, see ORDERING SPECIFICATIONS below.

When choosing to use the George Gauge, take the following steps to ensure accurate measurement:

1. Once the bite has been taken and is registered, insert the gauge in the patient's mouth. Have the patient practice closing into the notches on the bite forks.
2. Remove the gauge and place softened wax or elastomeric material on both sides of the bite fork component.
3. Instruct the patient to bite down into the material until it sets or hardens -- again making sure skeletal midlines are aligned when in protruded position. Also, make sure models fit into the bite record without rocking.

With most appliances, the therapeutic advancement of the mandible should be 70% of the total maximum protrusion. The recommended comfortable protrusive starting point is between 50-70% of maximum protrusion, (but as close to 70% protrusion as possible). Please keep in mind that too much protrusion can cause painful TMJ problems not initially a patient concern, and ultimately delay the treatment of the sleep apnea.

## 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.

**SML is a division of Selane Products, Inc.**