

Day/Night Orthotic Prescription

(416) 630-6262 (800) 410-4392
 www.klauszdentalab.com

Dr. _____ **Date** _____
Address _____ **Phone** _____
Patient Name _____ **Due Date** _____

Please call for consultation

Office Checklist (please initial):

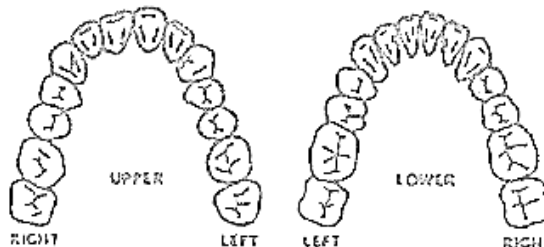
	Assistant Initials
Impressions/Model Accurate:	_____
Hamular Notch Present:	_____
Phonetic Bite Stable & Enclosed:	_____
Lab Prescription Completed:	_____

Acculiner Articulation Report:

Maxillary Cant _____ mm	<input type="checkbox"/> Uphill	<input type="checkbox"/> Downhill	<input type="checkbox"/> Anterior	<input type="checkbox"/> Left	<input type="checkbox"/> Right _____ mm
Original CEJ _____ mm			<input type="checkbox"/> Posterior	<input type="checkbox"/> Left	<input type="checkbox"/> Right _____ mm
Dental Midline Md. _____ mm	<input type="checkbox"/> Left	<input type="checkbox"/> Right	Skeletal Midline _____ mm <input type="checkbox"/> Left <input type="checkbox"/> Right		

Indicate Clasp:

- Ball (B)** _____ per side
- Adams (A)** _____ per side
- Other (O)** _____ per side



Mandibular Day Appliance

- Mandibular Positioning Appliance
 - PMT Base or Thermoplastic Base
- Compact Mandibular Positioning Appliance
- Pivot Appliance
- Other

Changes from "0"
Vertical + _____ mm (open) - _____ mm (close)
Mandibular Rotation: _____ mm (Patient) <input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Protrusion _____ mm <input type="checkbox"/> Retrusion _____ mm
CEJ's set at _____ mm

Maxillary Night Appliance

- Base PMT Base or Thermoplastic Base
- Anterior Deprogrammer
 - With Lingual Ramp
 - With Open Lingual Ramp
 - With Open Lingual Ramp & Aries Buttons
 - Decompressor (Flat Plane Splint)
 - Other

Changes from "0"
Vertical + _____ mm (open) - _____ mm (close)
Mandibular Rotation: _____ mm (Patient) <input type="checkbox"/> Right <input type="checkbox"/> Left
<input type="checkbox"/> Protrusion _____ mm <input type="checkbox"/> Retrusion _____ mm
CEJ's set at _____ mm

Notes: _____

Dr. Signature: _____ **Date:** _____