

FOR INTERNAL USE ONLY
SO#

FOR INTERNAL USE ONLY
PAN#



FULL LINE PRODUCT ORDER FORM
<input type="checkbox"/> PLEASE CALL (may delay delivery)

PLEASE COMPLETE FORM. SAVE FOR YOUR RECORDS, PRINT & SEND WITH CASE. CONTACT CUSTOMER SERVICE OR IN THE U.S. VISIT SOMNOMED.COM/SHIPPING FOR SHIPPING LABELS.
USA: (888) 447-6673 Mon - Fri, 8am - 5pm CST • 6513 Windcrest Drive, Suite 100, Plano, TX, USA 75024
Canada: (800) 339-4452 Mon - Fri, 8am - 5pm EST • 221 Talbot Street West, Leamington, Ontario, Canada N8H1N8 www.somnomed.com

DENTIST INFORMATION				
Customer # :				
Dentist Name: (last and first name)		Dentist Name: (last and first name)		
Practice Name:		License #:		
Address:				
City:	State: or Province	Country:	Zip: or Postal	
Phone: - -	Ext:	Email:		

Normal delivery takes 3 weeks from date order* is physically received by SomnoMed.
 RUSH FEE \$200
 Takes 10 business days from date order* is physically received by SomnoMed.
 *Order includes completed order form, models or impressions, device type and bite registration.

CASE INFORMATION
Patient Identifier/Information:
Is this the patient's first oral device? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list previous devices:

PHYSICIAN INFORMATION		
Referring Physician Name: (last and first name)	Referring Physician Name: (last and first name)	Email:

SOMNODENT™ ORAL DEVICE CHOICE (if retention type not selected - defaults to lab choice)	QUANTITY	PROMO CODE
SIGNATURE DEVICE (Guaranteed turn-around time: 14 business days)		NOTES
<input type="checkbox"/> Fusion®		
<input type="checkbox"/> Flex (Retention: SMH B-Flex soft liner only)		
<input type="checkbox"/> Classic (Retention: Ball clasp only)		
<input type="checkbox"/> Lingual-Less (Retention: Ball clasp only)		
<input type="checkbox"/> SUAD™ (Retention: soft liner or acrylic) <input type="radio"/> standard tube/rod OR <input type="radio"/> telescopic 1 piece (+\$99USD, +\$139CAD)		
<input type="checkbox"/> SUAD Ultra™ (Retention: acrylic only) <input type="radio"/> standard tube/rod OR <input type="radio"/> telescopic 1 piece (+\$99USD, +\$139CAD)		
STANDARD DEVICE (Average turn-around time: 14 business days)		
<input type="checkbox"/> AIR (Ball Clasp)		
<input type="checkbox"/> AIR+ (PolyPlus liner)		
<input type="checkbox"/> Herbst Advance® (E0486)		
<input type="checkbox"/> Morning Repositioner		
SOMNOBRUX DEVICE (Average turn-around time: 14 business days)		
<input type="radio"/> Michigan (Upper or Lower)		

RETENTION TYPE - REQUIRED (if retention type not selected - defaults to lab choice)
<input type="radio"/> Ball Clasp (N/A SUAD™ devices) OR <input type="radio"/> Soft Liner (SMH/POLYPLUS; N/A SUAD Ultra™) OR <input type="radio"/> Acrylic (SUAD™ devices only) OR <input type="radio"/> Lab Choice

ADDITIONAL OPTIONS / ADD-ONS
<input type="checkbox"/> Anterior Opening (inherent to SUAD™ Ultra Design) <input type="checkbox"/> AIR Device Extended Warranty — 1 Year \$75 USD, \$105 CAD <input type="checkbox"/> ER (Elastic Retention) Hooks <input type="checkbox"/> AIR Device Extended Warranty — 2 Years \$120 USD, \$168 CAD <input type="checkbox"/> DE (Discluding Element) / Bite Ramp: Height _____ mm <input type="checkbox"/> Nickel-Free (available on Flex and Classic devices without metal reinforcement) <input type="checkbox"/> Wrap distal of last tooth (3mm vertical requirement – When possible) <input type="checkbox"/> Compliance Recorder (Not available in SUAD™ devices in US) <input type="checkbox"/> Metal reinforcement in wings <input type="checkbox"/> Metal reinforcement in occlusal surface (vertical may be increased) Braebon License Number: _____

FOR INTERNAL USE ONLY
PO#

SECTION TO BE COMPLETED BY DENTIST	
DENTIST SIGNATURE: (per state dental board requirements)	DATE:

Caution: Federal law restricts this device to sale by or on the order of a (licensed healthcare practitioner). As a medical device company, we are mandated to validate any modifications to the 510(k) cleared device. This is a rigorous process which includes safety and effectiveness testing to ensure you receive a fully compliant device that exceeds your quality expectations. Any modifications performed after the device is released from SomnoMed null and voids your warranty and may result in the device not performing as intended. By signing above, you are stating the preferences listed above are what you wish to include in your device and you accept any responsibility for modification of the device after release from SomnoMed.

Please complete this form using Adobe Acrobat. Save a copy for your records; print a copy to send in with your order.
 ©SomnoMed Inc. 2015 Herbst® is a registered trademark of Dentaurum Inc., Newtown PA.