

Patient Name: _____

Please note average turnaround time is 12-15 business days once we receive your case.

Rush Case (fees apply). Please call if you need this case in less than 12-15 business days. Please fill out all information.

Doctor Name: _____ Phone #: _____

Address: _____

City/State/Zip: _____

Email Address: _____

New Appliance **Repair** (please elaborate in notes section below) **Modification** (please elaborate in notes section below)

**Please note, repairs and modifications do not apply to Nylon devices.*

Please upload digital scans to: www.jamisonspencer.com/jrs-lab-upload.html

Please mail PVS impressions or stone models to Boise address listed above.

Printed Appliance:

NAP (Printed models included with this appliance)

Patient midline (In registration position. Mark one option): Coincident or _____ mm Left Right

Traditional Fabrication Appliance: (not printed, additional \$35 for printed models or \$15 for stone models)

EMA

Airway Friendly Night Splint (Farrar style with maxillary full arch indexing and ramp)

Bilaminate

Hard/Hard

Lower Tooth Protector

(Highly recommended to be worn with Airway Friendly Night Splint, spans canine to canine, 1mm thickness)

Gelb Style Day Splint (Mandibular full arch indexing; hard/hard only)

Doctor is currently a Spencer Study Club Business Elite member

Notes: _____

Lab use only: Received: _____ Fabricator: _____ Ship Date: _____

Models: NONE .5 1 2 Material: Printed Stone Upper: Good Bad Lower: Good Bad