

Patient Name: \_\_\_\_\_

Rush Case (fees apply). Please contact us to discuss a possible return date. Serena Nylon EMA appliances cannot be rushed.

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 Serena Nylon EMA devices.*

**Please upload digital scans to: [www.jamisonspencer.com/jrs-lab-upload.html](http://www.jamisonspencer.com/jrs-lab-upload.html)**

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

**Printed Appliance:**

**Serena Nylon EMA (Printed models included with this appliance)**

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

**Traditional Fabrication Appliance:** (Does not include models. \$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**

**Expedited FedEx two-day shipping (\$20 extra)**

**Notes:** \_\_\_\_\_

\_\_\_\_\_

Lab use only:    Received: \_\_\_\_\_    Fabricator: \_\_\_\_\_    Ship Date: \_\_\_\_\_

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