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Dr: _____ Date: _____ Dr. Signature _____ Lic.# _____

Address: _____ Phone: _____

Patient Name: _____ Due Date: _____ Please Call for Consultation

Acculiner Articulation Report:

Maxillary Cant _____mm Uphill Downhill Anterior Left Right _____mm
 Original CEJ _____mm Posterior Left Right _____mm
 Dental Midline Md. _____mm Left Right Skeletal Midline _____mm Left Right

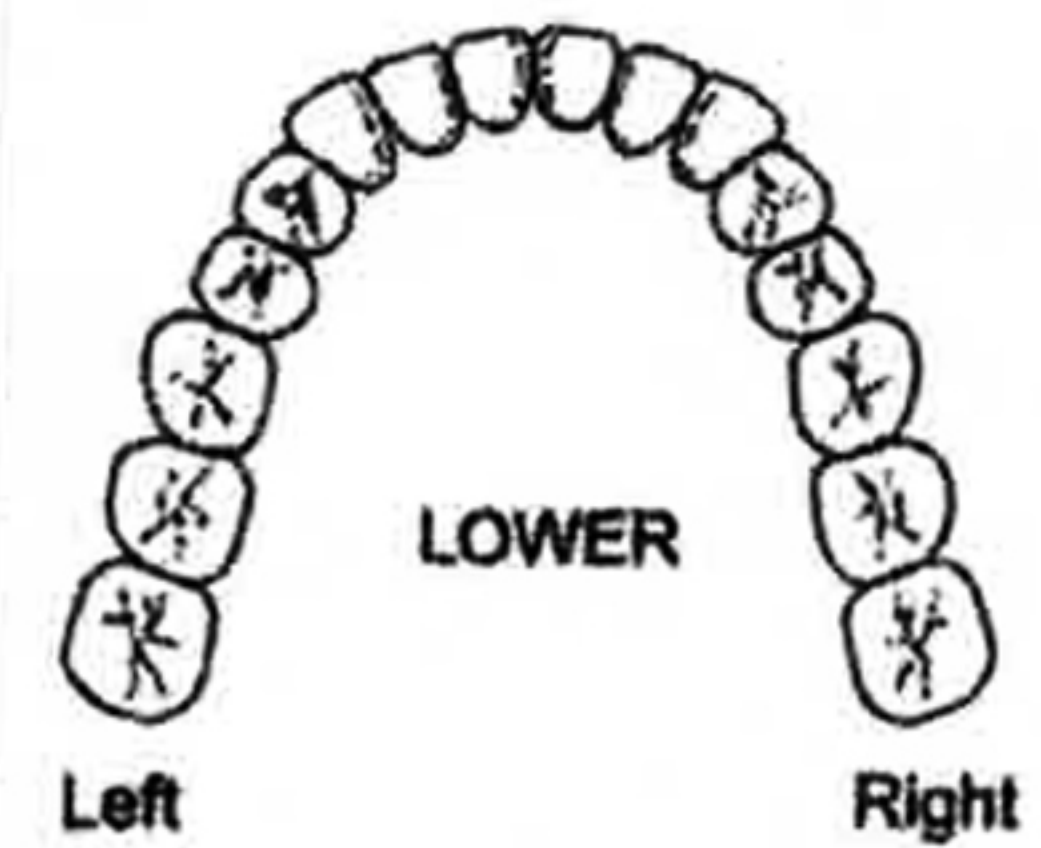
DAY ORTHOTIC

- OD1 (All Acrylic)
- OD2 (Compact w/ Lingual Wire)
- OD3 (P.M.T. w/ Acrylic)

Date of Phonetic Bite: _____ No Change

Changes from "0"

Vertical + _____mm (Open) — _____mm (Close)
 Mandibular Rotation: _____mm (Patient) Right Left
 Protrusion _____mm Retrusion _____mm
 CEJ's Set at _____mm



NIGHT ORTHOTIC

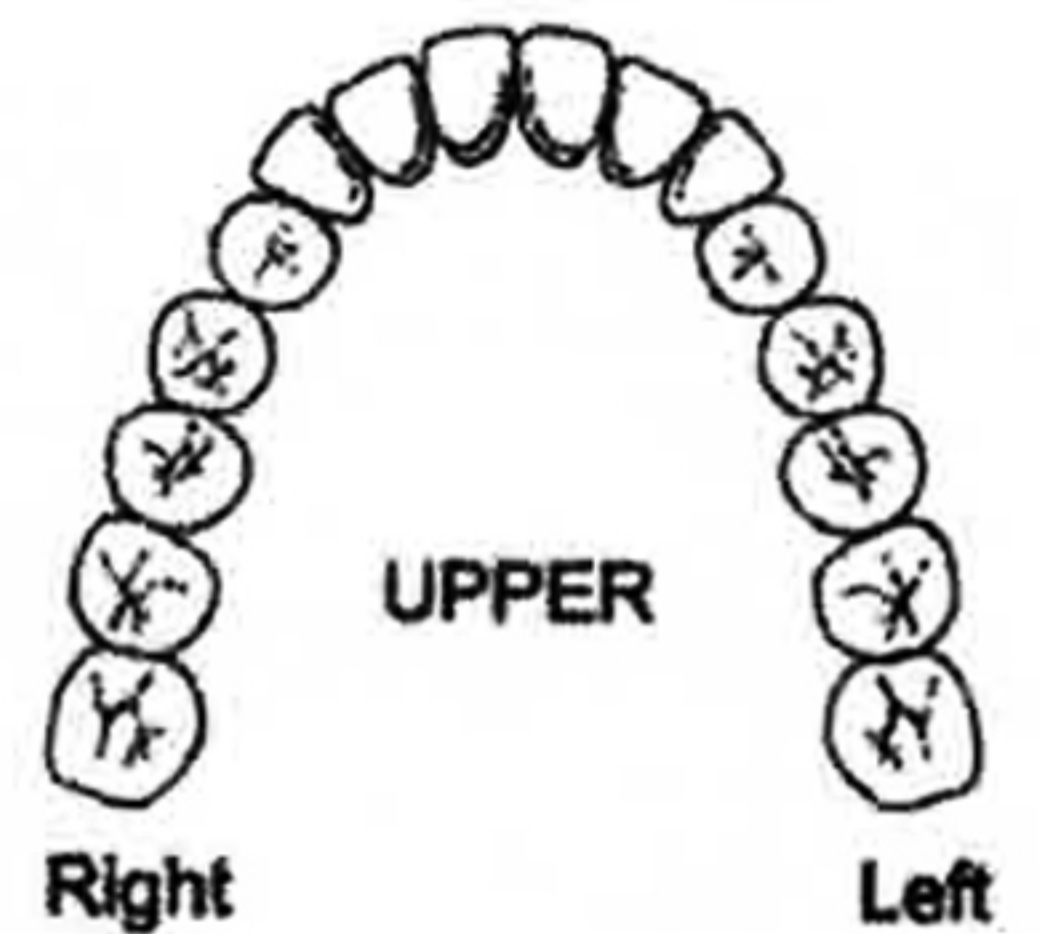
Indicate Clasp: Ball (B) Adams (A) Other
 Type of Bite: Phonetic Ecovision Other No Change

Base Acrylic Custom PMT

- ON1 (Anterior Deprogrammer)
- ON2 (Olmos Night Positioner)
- ON3 (Olmos Open Air)
- ON4 (Olmos Decompressor)
- ON6 (Modified ON3)
- Other

Changes from "0"

Vertical + _____mm (Open) — _____mm (Close)
 Mandibular Rotation: _____mm (Patient) Right Left
 Protrusion _____mm Retrusion _____mm
 CEJ's Set at _____mm



Sleep

- Oasys Oral/Nasal Airway System*
- EMA - Elastic Mandibular Advancement
- Tap 3°
- Narval

Model: (Please Check)

- SomnoDent Acrylic
- SomnoDent Laminate
- SomnoDent SMH-BFLEX



Optional Features:

- Elastic Retention - hooks for elastics
- Vertical Adjustment - disclusion ramp
- Anterior Opening - no charge

Comments: _____