

• Dental Sleep Medicine Rx •



4845 Community Lane • Las Vegas, NV 89121

800-936-1848 • Fax 800-936-5161

lvddslab.com

Dr. Name \_\_\_\_\_ Acct # \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Patient Name \_\_\_\_\_ ☐ Male ☐ Female Age \_\_\_\_ Deliver by 5 p.m. on \_\_\_\_\_  
First Last

See Below for Working Times



See reverse for time-saving clinical procedures

**ENCLOSED WITH CASE**

☐ Impressions ☐ Models ☐ Bite

☐ Other: \_\_\_\_\_

Upper and lower impressions or models  
with bite registration required

**SNORING/SLEEP APPLIANCES**

**Silent Nite sl**

☐ 1 appliance

☐ Clear\* ☐ Blue ☐ Pink

Note: Extra fee applies for color

☐ Buy 2 and Save† - **MOST POPULAR**

1 for home, 1 for travel

☐ Clear\* ☐ Blue ☐ Pink

Note: Extra fee applies for color

☐ EMA

☐ Scan/Save File

Carefully package your case, including  
this Rx, and tape box securely.

Please allow five working days in lab.

\*Standard unless specified otherwise

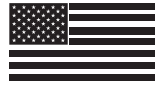
†Price is for two appliances for same case



Signature \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

(see reverse for limited warranty details)

## TERMS AND WARRANTY INFORMATION



**All Restorations Made in the USA**

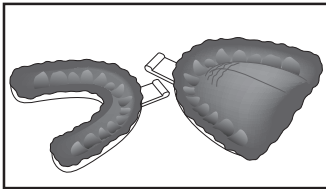
**We honor VISA, MASTERCARD, AMEX and DISCOVER.**

**TERMS:** Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice. Rx must be enclosed with original case submission.

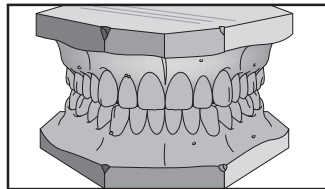
**NO-FAULT REMAKE POLICY:** Las Vegas Digital Dental Solutions is pleased to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the return of the original appliance.

**LIMITED WARRANTY/LIMITATION OF LIABILITY.** For warranty terms and conditions and limitation of liability, visit <https://lvddslab.com/policies-and-warranty>.

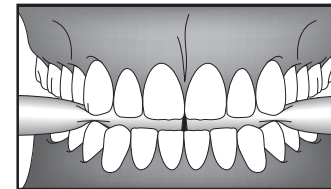
## IMPRESSION AND BITE REGISTRATION GUIDELINES



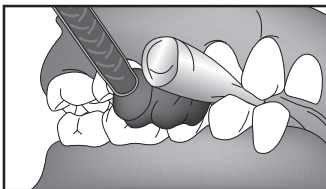
Take full-arch upper and lower impressions using alginate or VPS impression materials.



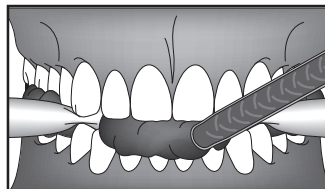
Pour wet alginate impressions with dental stone following the manufacturer's proper water-to-powder ratio before sending to lab with Rx.



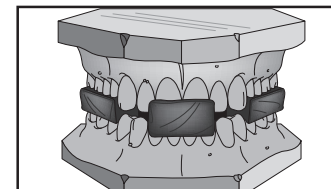
A quick bite technique is to place two cotton rolls behind the cusps and guide patient into centric relation.



With patient in this open centric relation, inject bite registration into the posterior opening of both quadrants.



Next, inject bite registration into anterior opening to capture a complete open construction bite at centric relation.



Upper and lower stone models mounted with open construction bite. Note the opening between anterior teeth.