



818 Brunette Avenue
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 www.oceanceramics.com

Office Use Only					

DATE: _____

DR. _____ PHONE: _____

DELIVER TO: _____

PATIENT NAME: _____ AGE: _____

DELIVER BY
 5:00 P.M. ON: _____

DAY / NIGHT ORTHOTICS

DENTA4 Sleep and screening forms @ Denta4.com

BITE PROVIDED:

- Swallow Bite
- Phonetic Bite
- Tens Bite
- Centric Bite
- Airway Bite

SHIMBASHI MEASUREMENT:

- Gingival 13-43 _____
- (CEJ) 11-41 _____
- 21-31 _____
- 23-33 _____

FABRICATE APPLIANCE:

- Soft Pivot
- Hard Pivot
- Flat Plane A/P Rehab
- Denta4 Demand
- Denta4 Demand (fixed)
- Denta4 Sport Guard
- Anterior Deprogrammer
 - with ramp
 - with essix for lower

SLEEP APPLIANCES:

- Narval™
- Silencer™
- Tap 3
- EMA

Please Send:

- More RXs
- More Bags

 Dr.'s Signature