

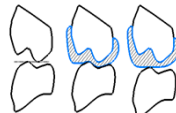




# Occlusal Night Guard Order Form



DentaBite® is a registered trademark of Stoneglass® Industries

Date:	Patient Name:
Dentist/Surgery Name:  Address:	Please Tick:  <input type="checkbox"/> Upper Splint <input type="checkbox"/> Lower Splint  Insert Date:  <b>Important note: DentaBites have a 5 day turn around process</b>
Phone Number:  Main Contact person:  Email:	Please Tick:  <input type="checkbox"/> Light Bruxer <input type="checkbox"/> Heavy Bruxer
Records supplied with your case:  <input type="checkbox"/> Upper Model <input type="checkbox"/> Lower Model <input type="checkbox"/> Bite Index <input type="checkbox"/> Upper Impression Tray <input type="checkbox"/> Lower Impression Tray	Please Provide Preference:  <input type="checkbox"/> Flat Plane <input type="checkbox"/> Anterior Guidance (only available on upper) <input type="checkbox"/> Canine Guidance <input type="checkbox"/> Remove Anterior Contacts
Additional notes/requests for Design Team	Please Provide Preference:  <input type="checkbox"/> Smooth Design  <input type="checkbox"/> Sculpted Design   <b>Note: A smooth splint is preferred by Dentists &amp; Patients</b>
<p align="center"><b>OPTIONAL</b></p> <p>If you would like to review and approve splint design prior to manufacture, please tick.</p> <p align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Note: Please give extra time due to waiting upon approval notification</p> <p align="center">..... Please Sign Here*</p>	 <p>When there is insufficient thickness from bite supplied, please choose:</p> <p><input type="checkbox"/> Adjust Vertical Dimension in software <input type="checkbox"/> Contour Surface <input type="checkbox"/> Stop &amp; Request New Bite from Dentist</p>
<p>*The accuracy and fit of your patient's DentaBite® is determined by the quality and accuracy of the supplied impressions and bite index. By signing this order form, you understand and agree that should the DentaBite® fit the supplied impressions appropriately, but not fit in the patient's mouth, you are still responsible for payment in full of the related account unless otherwise agreed by Stoneglass Industries. Remakes are at the sole discretion of the company.</p>	

Please complete – sign & send order form along with all records via: **EXPRESS POST:**  
**PO BOX 3267, Rhodes, NSW 2138 OR**  
**COURIER:**  
**Unit 26 11-21 Underwood Rd, Homebush 2140 NSW**

For assistance please email: [pd@stoneglass.com.au](mailto:pd@stoneglass.com.au) OR call (02) 9764 1036