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FULL LINE PRODUCT ORDER FORM
<input type="checkbox"/> PLEASE CALL (may delay delivery)

PLEASE COMPLETE FORM. SAVE FOR YOUR RECORDS, PRINT & SEND WITH CASE. CONTACT CUSTOMER SERVICE OR IN THE U.S. VISIT SOMNOMED.COM/SHIPPING FOR SHIPPING LABELS.
USA: (888) 447-6673 Mon - Fri, 8am - 5pm CST • 6513 Windcrest Drive, Suite 100, Plano, TX, USA 75024
Canada: (800) 339-4452 Mon - Fri, 8am - 5pm EST • 221 Talbot Street West, Leamington, Ontario, Canada N8H1N8 **www.somnomed.com**

DENTIST INFORMATION		Customer # :	
Dentist Name: (last and first name) L A S T		F I R S T	
Practice Name:		License #:	
Address:			
City:	State: or Province	Country:	Zip: or Postal
Phone: - -	Ext:	Email:	

PATIENT INFORMATION	PROMO CODE (if any)
Patient Name:	

PHYSICIAN INFORMATION (OPTIONAL)		
Referring Physician Name: (last and first name) L A S T	F I R S T	Email:

SOMNODENT™ ORAL DEVICE CHOICE (if retention type not selected - case will go on hold until instructions are given)
Please mark your device choice and options below. A 2nd device for the same patient can be ordered for a 30% discount.

SIGNATURE DEVICE	<input type="checkbox"/> Please add a Morning Repositioner to my order. (+\$35.00)
<input type="checkbox"/> Avant™ <input type="checkbox"/> Anterior Opening <input type="checkbox"/> Discluding Element <input type="checkbox"/> Wrap Distal of Last Tooth (vertical may be increased)	
<input type="checkbox"/> Fusion® (Retention: <input type="checkbox"/> BFlex soft liner <input type="checkbox"/> Ball clasp)	
<input type="checkbox"/> Anterior Opening <input type="checkbox"/> ER Hooks <input type="checkbox"/> Discluding Element <input type="checkbox"/> Wrap Distal of Last Tooth (vertical may be increased)	
<input type="checkbox"/> Metal Reinforcement in Occlusal Surface (vertical may be increased) <input type="checkbox"/> Compliance Recorder Braebon License Number: _____	
<input type="checkbox"/> Flex (Retention: BFlex soft liner)	
<input type="checkbox"/> Anterior Opening <input type="checkbox"/> ER Hooks <input type="checkbox"/> Discluding Element <input type="checkbox"/> Wrap Distal of Last Tooth (vertical may be increased) <input type="checkbox"/> Metal Reinforcement in Wings	
<input type="checkbox"/> Metal Reinforcement in Occlusal Surface (vertical may be increased) <input type="checkbox"/> Nickle-Free <input type="checkbox"/> Compliance Recorder Braebon License Number: _____	
<input type="checkbox"/> Classic (Retention: Ball clasp) <input type="checkbox"/> Lingual-Less	
<input type="checkbox"/> Anterior Opening <input type="checkbox"/> ER Hooks <input type="checkbox"/> Discluding Element <input type="checkbox"/> Wrap Distal of Last Tooth (vertical may be increased) <input type="checkbox"/> Metal Reinforcement in Wings	
<input type="checkbox"/> Metal Reinforcement in Occlusal Surface (vertical may be increased) <input type="checkbox"/> Nickle-Free <input type="checkbox"/> Compliance Recorder Braebon License Number: _____	

STANDARD DEVICE	<input type="checkbox"/> Please add a Morning Repositioner to my order. (+\$35.00)
<input type="checkbox"/> Herbst Advance® Flex (E0486)(Flex) <input type="checkbox"/> Anterior Opening <input type="checkbox"/> ER Hooks <input type="checkbox"/> Discluding Element <input type="checkbox"/> Wrap Distal of Last Tooth (vertical may be increased)	
<input type="checkbox"/> Metal Reinforcement in Occlusal Surface (vertical may be increased) <input type="checkbox"/> Compliance Recorder Braebon License Number: _____	
<input type="checkbox"/> Herbst Advance® Classic (E0486) (Classic) <input type="checkbox"/> Anterior Opening <input type="checkbox"/> ER Hooks <input type="checkbox"/> Discluding Element <input type="checkbox"/> Wrap Distal of Last Tooth (vertical may be increased)	
<input type="checkbox"/> Metal Reinforcement in Occlusal Surface (vertical may be increased) <input type="checkbox"/> Compliance Recorder Braebon License Number: _____	

SOMNOBRUX DEVICE			
<input type="checkbox"/> Michigan	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	Retention: <input type="checkbox"/> BFlex soft liner <input type="checkbox"/> Classic <input type="checkbox"/> Canine Rise	Opposing Indexing: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> None
<input type="checkbox"/> Tanner	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	Retention: <input type="checkbox"/> BFlex soft liner <input type="checkbox"/> Classic <input type="checkbox"/> Canine Rise	Opposing Indexing: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> None
<input type="checkbox"/> Gelb	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	Retention: <input type="checkbox"/> BFlex soft liner <input type="checkbox"/> Classic <input type="checkbox"/> Canine Rise	Opposing Indexing: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> None

NOTES

TYPE OF SCANNER USED	SECTION TO BE COMPLETED BY DENTIST
	DENTIST SIGNATURE: (per state dental board requirements)
	DATE:

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Caution: Federal law restricts this device to sale by or on the order of a (licensed healthcare practitioner). As a medical device company, we are mandated to validate any modifications to the 510(k) cleared device. This is a rigorous process which includes safety and effectiveness testing to ensure you receive a fully compliant device that exceeds your quality expectations. Any modifications performed after the device is released from SomnoMed null and voids your warranty and may result in the device not performing as intended. By signing above, you are stating the preferences listed above are what you wish to include in your device and you accept any responsibility for modification of the device after release from SomnoMed.

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