

Today's Date: _____

Return by 5:00 pm on: _____

Please send: Prescriptions Boxes Case Bags

Mailing Labels: Pre-paid Fed Ex Labels Pre-paid Mail Labels

Please have a technician call me: Yes No

KELLER LABORATORIES, INC.
160 Larkin Williams Industrial Court
P.O. Box 260161
Fenton, MO 63026
636-600-4200 800-325-3056



Please allow 2 weeks from date case leaves your office

SPECIALTY APPLIANCE PRESCRIPTION

DOCTOR: _____ PATIENT: _____

PHONE: (____) _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

FAX: (____) _____

EMAIL: _____

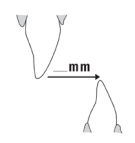
NTI-tss Plus™

1. Choose the appliance: Appliances made from Keller's Clear 450™ thermoplastic material.

- NTI-tss Plus™ Nighttime (Anterior - Posterior Discluding Element)
- NTI-tss Plus™ Daytime (Anterior Point Stop)
- NTI-tss Plus™ Extended Coverage From _____ to _____ Full Coverage
- NTI-tss Plus™ Migraine Therapy Set (NTI-tss Plus™ and NTI-tss Plus™ Daytime)
- NTI-tss Plus™ Universal Therapy Set (NTI-tss Plus™ & Opposing Universal Slider)
- NTI-tss Plus™ + Soft (must be extended 2nd bi - 2nd bi)

2. Choose the arch:

- Upper Lower (lab default) Lab Choice



3. Measurements:

- Maximum Protrusive Measurement _____ mm

Enclose full arch models or VPS impressions.

FULL COVERAGE GUARDS

1. Choose the appliance:

- Crystal Clear® (Hard, durable, non-porous, injection-molded thermoplastic)
- ThermoFit® (flexible bite guard)
- Comfort H/S™ Bite Splint (soft inner layer, hard outer layer)

2. Choose the arch:

- Upper Lower

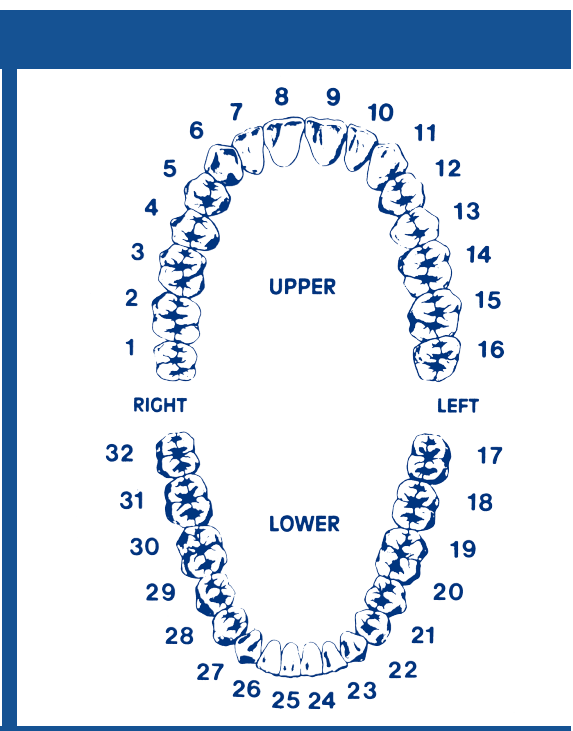
3. Choose the guard design*:

- Flat Plane - Anterior Guidance (ramp) (\$20 fee for Comfort H/S with Anterior Guidance)
- Flat Plane - Group Function (no ramp)
- Daytime - No anterior coverage

* Specialty Designs Available

Send open bite with 2mm posterior clearance.

Enclose full arch models or impressions



NTI-tss Plus Arch Selection Quick Reference

VACUUM-FORMED APPLIANCES

APNEA/ANTI-SNORING DEVICE

- | | |
|---|---|
| <p>Upper:</p> <ul style="list-style-type: none"> • > 50% Overbite • > 3mm Overjet • Upper Veneers • Uneven Upper Incisal Plane | <p>Lower:</p> <ul style="list-style-type: none"> • Missing Lower Incisor • Lower Veneers • Class III Bite • Uneven Lower Incisal Plane |
|---|---|

- | | |
|---|--|
| <p>1. Choose the appliance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bleaching trays <input type="checkbox"/> ProForm Athletic Guards <input type="checkbox"/> Invisible Retainers | <p>2. Choose the arch:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Upper <input type="checkbox"/> Lower |
|---|--|

- TAP®3 TAP® Elite
- Specify Design: Triple Laminate (Lab Default) ThermAcryl
- Send Full Upper and Lower VPS Impressions and Maximum Protrusive Measurement
- EMA® EMA First Step® (90 Day Trial Appliance)
- Send Full Upper and Lower VPS Impressions and 8-10 mm Anterior Open Bite

Comments: _____

Doctor Signature: _____ License No.: _____