



# FUNCTIONAL ORTHOTIC DESIGN

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Doctor			
Address			
Patient			
Date Prepared		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Date Due On		Age:	
Allow 10 Working Days From Received Date			

## DAY ORTHOTIC

- OD1**  
(all Acrylic)

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- OD2**  
(compact w/Lingual Wire)

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- OD3**  
(P.M.T. w/Acrylic)

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- OD5**  
(Chrome/Acrylic)



**LOWER**

## NIGHT ORTHOTIC

- ON1**  
(Anterior Deprogrammer)

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- ON2**  
(Olmos Night Positioner)

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- ON3**  
(Olmos Open Air)

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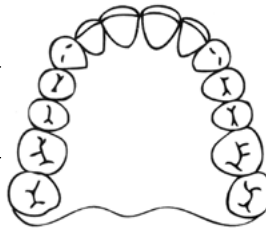
- ON4**  
(Flat Plane)

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- ON6**  
(Modified ON3)

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- with comfort thermoform  
for lower



**UPPER**

### Changes from "O" DAY APPLIANCE

Vertical +	mm (Open)	Vertical -	mm (Closed)

- CEJ Set at \_\_\_\_\_ mm
- No changes from Day Bite

### Acculator Articulation Report

Maxillary Cant	_____ mm
<input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Anterior <input type="checkbox"/> L <input type="checkbox"/> R	_____ mm
Original CEJ _____ mm <input type="checkbox"/> Posterior <input type="checkbox"/> L <input type="checkbox"/> R	_____ mm
Dental Midline Md	_____ mm <input type="checkbox"/> L <input type="checkbox"/> R
Skeletal Midline	_____ mm <input type="checkbox"/> L <input type="checkbox"/> R

### Changes from "O" NIGHT APPLIANCE

Vertical +	mm (Open)	Vertical -	mm (Closed)

- CEJ's Set at \_\_\_\_\_ mm
- +1mm Protrusion to Night Appliance


### Indicate Clasp

- Ball (B)  Adams (A)  Other


### Type of Bite

- Phonetic  Ecovision  Other
- Date of Phonetic Bite \_\_\_\_\_  No Change

## SLEEP APPLIANCE

- Oasys Oral/Nasal/Airway System 

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- EMA 

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- Orthoapnea

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- Silencer Pro

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- Apnea RX

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- Other  Call Doctor

### Required Inclusions

- Tripodisation Points Required

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- Nasal Dilators Required

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- Tongue Lifters Required

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- +1mm Protrusion to Sleep Appliance

### Instructions/Comments

All cases will be mounted on Acculator to "O" with given bite unless lab writes otherwise on returning lab ticket