FUNCTIONAL ORTHOTIC DESIGN
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Doctor
Address
Patient
Date Prepared
Date Due On
Gender: ☐ M ☐ F
Age:
Allow 10 Working Days From Received Date

DAY ORTHOTIC
☐ OD1 (all Acrylic)
☐ OD2 (compact w/Lingual Wire)
☐ OD3 (P.M.T. w/Acrylic)
☐ OD5 (Chrome/Acrylic)

NIGHT ORTHOTIC
☐ ON1 (Anterior Deprogrammer)
☐ ON2 (Olmos Night Positioner)
☐ ON3 (Olmos Open Air)
☐ ON4 (Flat Plane)
☐ ON6 (Modified ON3)

Changes from “O” DAY APPLIANCE

<table>
<thead>
<tr>
<th>Vertical +</th>
<th>mm (Open)</th>
<th>Vertical -</th>
<th>mm (Closed)</th>
</tr>
</thead>
</table>

☐ CEJ Set at mm
☐ No changes from Day Bite

Acculator Articulation Report
Maxillary Cant mm
☐ Uphill ☐ Downhill ☐ Anterior ☐ L ☐ R mm
Original CEJ mm ☐ Posterior ☐ L ☐ R mm
Dental Midline Md mm ☐ L ☐ R
Skeletal Midline mm ☐ L ☐ R

Changes from “O” NIGHT APPLIANCE

<table>
<thead>
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<th>Vertical +</th>
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</thead>
</table>

☐ CEJ’s Set at mm
☐ +1mm Protrusion to Night Appliance

Indicate Clasp
☐ Ball (B) ☐ Adams (A) ☐ Other

Type of Bite
☐ Phonetic ☐ Ecovision ☐ Other

SLEEP APPLIANCE
☐ Oasys Oral/Nasal/Airway System
☐ EMA
☐ Orthoapnea
☐ Silencer Pro
☐ Apnea RX
☐ Other ☐ Call Doctor

Required Inclusions
☐ Tripodisation Points Required
☐ Nasal Dilators Required
☐ Tongue Lifters Required
☐ +1mm Protrusion to Sleep Appliance

Instructions/Comments

All cases will be mounted on Acculator to “0” with given bite unless lab writes otherwise on returning lab ticket.