SML®
SPACE MAINTAINERS LABORATORIES

RETURN PRESCRIPTION TO
9129 Lurline Ave.
Chatsworth, CA 91311
800-423-3270
www.SMLglobal.com

HOMEOBLOCK
APPLIANCE

PLEASE SEND:
- ☐ MAILING MATERIALS
- ☐ PRODUCTS & SUPPLIES
- ☐ DIAGNOSTIC SERVICES
- ☐ C.E. COURSES

ADDITIONAL SERVICES*
- ☐ RETURN DUPLICATE SET OF MODELS
- ☐ APPLIANCE INSURANCE

MADE IN U. S. A.

ACCOUNT #

DOCTOR NAME

OFFICE ADDRESS

CITY | STATE | ZIP CODE

PATIENT'S FIRST NAME

PATIENT'S LAST NAME

AGE

DATE OF BIRTH / /

OFFICE EMAIL ADDRESS

OFFICE PHONE NUMBER

DUE DATE

☐ EMERGENCY SERVICE FOR APPLIANCES*
(24 to 48 Hrs. Processing)

☐ PATIENT WILL BE APPOINTED AFTER APPLIANCE ARRIVES

(LAB USE ONLY)

☐ S.I.

DIAGNOSTIC SERVICES*
- ☐ Phone Consultation Service
- ☐ *Digital* Study Models
- ☐ *Plaster* Study Model Fabrication
- ☐ Cephalometric Tracing Service
- ☐ Complete Orthodontic Records Package
  - ☐ Package #1 - Includes *Digital* Study Models
  - ☐ Package #2 - Includes *Plaster* Study Models
- ☐ Orthodontic Diagnostic Service
- ☐ Digital Study Models with IPR Analysis

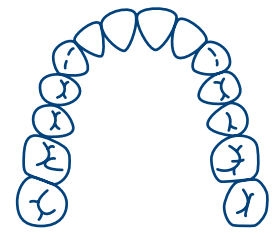
** FEES APPLY*

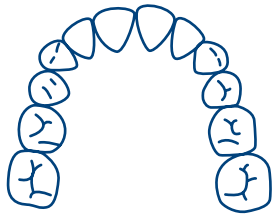
UPPER

☐ FIXED ☐ SLEEP # _____
☐ REMOVABLE ☐ SPLINTS from **Principles of Appliance Therapy** textbook
☐ OTHER _____

1. Midline Expansion Screw
2. Hawley Archwire from: teeth #'s _____
3. Adams Clasp on: teeth #'s _____
4. T Flap Springs on: teeth #'s _____
5. Lingual arms to: teeth #'s _____
6. Bite Block on: teeth #'s _____

*Provide Construction Bite or indicate desired thickness of bite block.



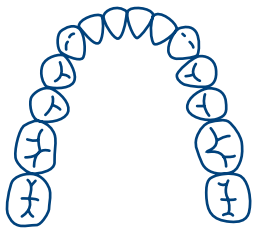


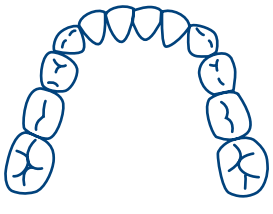
LOWER

☐ FIXED ☐ SLEEP # _____
☐ REMOVABLE ☐ SPLINTS from **Principles of Appliance Therapy** textbook
☐ OTHER _____

1. Midline Expansion Screw
2. Hawley Archwire from: teeth #'s _____
3. Adams Clasp on: teeth #'s _____
4. T Flap Springs on: teeth #'s _____
5. Lingual arms to: teeth #'s _____
6. Bite Block on: teeth #'s _____

*Provide Construction Bite or indicate desired thickness of bite block.





☐ **Additional Instructions On Reverse**

SIGNATURE _____ **LICENSE NUMBER** _____

GO GREEN! PLEASE SCAN OR MAKE A COPY OF THIS PRESCRIPTION FORM FOR YOUR RECORDS

BEFORE SUBMITTING TO LAB:

- ☐ **PRESCRIPTION** - Make sure all appropriate sections are completed.
- ☐ **STONE MODELS** - Be sure to get doctor's final approval on models (to ensure accuracy and completeness). Trim models as small as possible.
- ☐ **DIGITAL RECORDS** - If applicable, send digital patient files to www.SMLglobal.com/digital
- ☐ **ACCURATE CONSTRUCTION BITE** - Include for all cases where acrylic occlusal coverage or mandibular change is required. Specific AP and vertical mandibular position are also required.
- ☐ **PACKAGING** - Sturdy cardboard box (provided upon request) is required. Fill box completely with packing material. Wrap models carefully and individually.

Terms and conditions on reverse

REV.F.SEPT.2017

Texas state lic #1866 exp 1.1.16 renewed yearly South Carolina certificate #480 exp 3.1.16 renewed every two years

Treatment Type: *(please check type)*

- ☐ Space maintenance
- ☐ Habits
- ☐ Regain lost space
- ☐ Close space
- ☐ Individual tooth movement
- ☐ Crossbite correction
- ☐ Arch development
- ☐ Functional orthopedics
- ☐ Orthodontics
- ☐ Finishing/Maintaining
- ☐ Mouthguard
- ☐ Splint
- ☐ Restorative enhancement
- ☐ Interim partial/bridge
- ☐ Implant
- ☐ Periodontal
- ☐ Obstructive sleep apnea

Appliance Type: ☐ Fixed or ☐ Removable & ☐ Upper or ☐ Lower
Number from textbook if applicable _____ *
**Caution – if modifications are not listed, the appliance will be fabricated exactly as described in the textbook.*

Expansion Screws:

- ☐ Midpalatal screw for lateral development
- ☐ Swing lock for anterior/posterior lateral development
- ☐ Saggital screw for AP development
- ☐ Unilateral (right left)
- ☐ Bilateral Three-way RPE (Haas) RPE (Hyrax)
- ☐ Micro screw Mini screw Tooth # _____

See Textbook pgs. 1.14-1.18 for expansion screw selection and section 8

Springs: *(list tooth # next to spring and type)*
Recurved _____ Lab _____ Direct Pressure ("T") _____
Mesial kick spring (labial or lingual) _____
Distal kick spring (labial or lingual) _____
See Textbook pgs. 1.11-1.13 for best spring selection

Bonded Buttons or Hooks:
Indicate tooth #/position/direction _____

Labial Archwires:
☐ Standard Hawley ☐ Quad Loop ☐ Apron
☐ Wrap-Around ☐ Flat ☐ Sliding ☐ Contoured
Placement (see Textbook pgs. 1.5-1.8)

Clasps: *(list tooth # next to clasp type)*
Adams _____ Ball _____ "C" Finger _____
Crozat _____ Delta _____ Sage _____
band and bar _____ half clasp _____ Traux claspless _____
See Textbook pgs. 1.1-1.4 for best clasp selection and contraindications

Acrylic:
☐ Full Palate ☐ Horseshoe ☐ Open Palate ☐ Color _____
☐ Strengthening wire ☐ Kevlar ☐ Special design
☐ Specific finish line (i.e. anterior relief)
see Textbook page 1.9-1.10

Bite Planes: *(construction bite essential at desired vertical and AP relationship)*
☐ Lingual anterior bite plane
☐ Posterior coverage ☐ Complete coverage
Type of finish:
☐ Flat ☐ Intercuspated ☐ Point contact ☐ Cuspid rise
☐ Anterior incline ☐ Anterior brush ☐ Contact in protrusive
☐ Special design *(see special instructions)*
see Textbook page 1.20 for selection

Habit Control Devices: – opposing model essential
☐ Loops ☐ Fence ☐ Rake ☐ Spinner ☐ Lip ☐ Shield
☐ Cheek ☐ Shield ☐ Anterior ☐ Lateral ☐ Posterior
Note: Indicate position and height on model: see Textbook pgs. 3.1-3.5

Rest Seats:
Indicate tooth # and position _____

Bands:
Teeth to be banded _____
☐ Preformed band provided by doctor
☐ Provide custom band
see Textbook pg. 1.21 for information on band selection.

Lingual Archwires:
☐ Ideal ☐ Contoured
☐ Removable – ☐ Vertical ☐ Horizontal
☐ Stops – location _____
see Textbook pgs. 1.23-1.25

Teeth:
Tooth Shade _____ ☐ Biotone ☐ Other _____
Tooth/Teeth to be replaced _____
Tooth Placement:
☐ Socketed Adjust model in lab _____ mm.
☐ Flange/saddle ☐ Butted
☐ Please see written special instruction.

Positioners: *request Positioner Design Form.*

TERMS AND CONDITIONS

LABORATORY APPLIANCES

TERMS:
All invoices are due 15 days from invoice. At day 30, credit card on file will be charged. We accept Mastercard, Visa, American Express, and Discover. A 1.5% interest charge (18% per year) will be added to all invoices not paid by the due date. If legal action is required to obtain payment, SML is entitled to attorney fees.

LIABILITY RELEASE STATEMENT

SML provides appliances and laboratory services as prescribed by a licensed Dental Practitioner. We can assume no responsibly for techniques used and their use and/or misuse by the prescribing doctor, staff, or their patients.

APPLIANCE WARRANTY AND CONDITIONS
Our ability to provide a quality appliance begins with YOU. Please take the time to provide us an accurate set of working casts and a construction bite. Although we pride ourselves in our craftsmanship our appliances are only as good as the records provided for their fabrication.

SML can only guarantee that our custom made appliances will fit the working cast(s) provided for their construction. Materials and workmanship on all appliances are guaranteed for 90 days. If an appliance fails within this period, SML will remake or repair the appliance at no charge. This warranty does not cover appliance loss, patient abuse, or changes in the dentition during this period that would necessitate the need for a new appliance. All returns are subject to taxes, as well as FDA, model pour-up and shipping fees.

SLEEP APPLIANCE WARRANTY AND CONDITIONS
Hardware and workmanship on all custom made sleep appliances are guaranteed for a period of 3 years. This warranty does not cover appliance loss, delamination of hard/soft material, patient abuse, or changes in the dentition during this period that would necessitate the need for a new appliance. All returns are subject to taxes, as well as FDA, model pour-up and shipping fees.

REMAKES

IMPORTANT NOTE: While SML understands that many patients depend upon their devices for improved and continued health, requests for a total remake - while the patient continues to use the current appliance - should be neither expected by the dentist nor promised to the patient.

If an appliance does not fit your patient, follow these steps:

1. Send us a new accurate cast(s) or a digital impression along with a new bite registration.
2. Return the appliance that needs to be remade along with the original working casts used in its fabrication. These casts were returned to you with the original shipment of the appliance!
3. If the returned appliance does not fit the patient and does not fit the original working casts SML will fabricate a new appliance on your new casts at NO CHARGE.
4. If the appliance does not fit the patient but does fit the returned original working cast, SML will fabricate a new appliance on your new casts and charges will be incurred at our usual and customary fees.
5. Occasionally the working casts used in fabrication may become damaged to a point that you will be unable to check the accuracy and fit of our work. Should this happen SML will document this occurrence and return a note with the appliance indicating "Damaged models during processing". If the appliance does not fit the patient SML will remake the appliance at NO CHARGE. Simply follow steps 1 and 2 and write on the lab prescription slip that the case is a "broken cast remake".

WHAT IS NOT COVERED BY WARRANTY

- Cash refund or a credit for custom dental device
- Cost incurred for patient cancelling treatment
- Incidental or consequential damages, including inconvenience, lost wages, chair time, pain and suffering
- Improper adjustment of the appliance
- Concerns expressed to the doctor regarding impressions, bite registration, questionable indications and authorization for appliance manufacture
- Repairs and adjustments to reset a construction bite
- Repairs resulting from an accident, neglect, abuse or improper hygiene
- Changes in dentition; loss or removal of teeth; new restorations; failure of supportive tooth or tissue structures
- Partial or complete fabrication by a lab other than SML
- Expedited shipping costs
- De-lamination of hard/soft material
- Wear and tear from clenching/grinding

WHAT IS REQUIRED FOR WARRANTY COVERAGE
NOTE: Revamping or modifying of a broken device is considered standard procedure for warranty cases.

- Original appliance, impressions/models and bite must be returned to SML
- In the event of a fit problem, original impressions/models and bite must be returned in addition to new impressions and bite in the interest of ensuring accurate modifications and repairs to the original appliance.
- If new casts or impressions are required, simple refitting will be attempted under warranty. Should this necessitate a charge for unwarranted reasons, minimal or reasonable charges will be kept to a minimum or reasonably reduced level.
- Replacement screws and/or hinges may be provided in exchange for lost or defective screws and hinges - and will be credited upon return of the old parts.

WARNING
Many appliances are fabricated from stainless steel, nickel titanium and acrylic. Stainless steel contains small amounts of nickel and chromium. Nickel titanium contains nickel. Acrylic is processed with methyl methacrylate. A small number of the population is known to be allergic to these materials. Should an allergic reaction occur, advise the patient to consult a physician.