SML®
SPACE MAINTAINERS LABORATORIES

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

Aligner Sleep Appliance (A.S.A.)®

NADSM℠ CERTIFIED 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 – MUST BE A MINIMUM OF ONE DAY PRIOR TO YOUR PATIENT'S APPOINTMENT

- ☐ EMERGENCY SERVICE FOR APPLIANCES*
  (24 to 48 Hrs. Processing)
- ☐ PATIENT WILL BE APPOINTED AFTER APPLIANCE ARRIVES

(LAB USE ONLY)

- ☐ S.I.

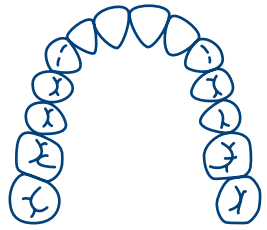
STEP-BY-STEP PATIENT RECORD INSTRUCTIONS:

1. Take impressions with Invisalign Tray(s) in the patient's mouth.
   IMPORTANT: Capture the ***FULL*** maxillary palate for screw placement.
2. Pour up models in yellow stone.
3. ***PRIOR*** to taking the construction bite, modify the upper and lower incisor notches on the George Gauge to allow the patient to bite within the George Gauge correctly.
4. ***NOW*** take the Construction Bite with the Invisalign Tray(s) in place.
   ****edge-to-edge bite and 4mm interincisal opening****
5. Send models, construction bite and patient's final Invisalign Tray(s) to **SML®**.

UPPER MODEL

Anterior Crowding > 6mm ☐ YES ☐ NO

Posterior Expansion > 2mm ☐ YES ☐ NO

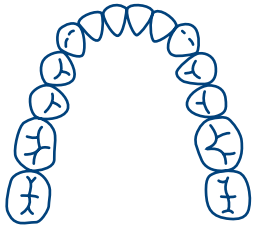


RIGHT **UPPER** LEFT

LOWER MODEL

Anterior Crowding > 6mm ☐ YES ☐ NO

Posterior Expansion > 2mm ☐ YES ☐ NO



LEFT **LOWER** RIGHT

☐ **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** - Minimally set edge-to-edge with a 4mm intercisal opening.
- ☐ **PACKAGING** - Sturdy cardboard box (provided upon request) is required. Fill box completely with packing material. Wrap models carefully and individually.

THE ALIGNER SLEEP APPLIANCE (ASA)® IS MANUFACTURED EXCLUSIVELY BY SML®, AN FDA-APPROVED SLEEP APPLIANCE LABORATORY

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

REV.K.SEPT.2017

CONSTRUCTION BITE:

Include a bite registration of 50-75% maximum protrusion (depending on the patient's range of movement). If patient has a narrow arch form or large tongue, specify (when ordering) that lingual ramps be included on the appliance. A bite registration is important in the construction of any dental appliance, and particularly with sleep appliances. When taking a patient's bite registration we recommend using the Andra Gauge™ to obtain the most accurate sagittal, anterior/posterior, and vertical measurements NOTE: Instructions and videos can be viewed at http://www.andragauge.com/instructions.php). Use of a George Gauge is also an adequate method (stock gauge assumes 5.0mm of vertical).
NOTE: In order to customize the vertical, see ORDERING SPECIFICATIONS below.
When choosing to use the George Gauge, take the following steps to ensure accurate measurement:

1. Once the bite has been taken and is registered, insert the gauge in the patient's mouth. Have the patient practice closing into the notches on the bite forks.
2. Remove the gauge and place an elastomeric material on both sides of the bite fork component.
3. Instruct the patient to bite down into the material until it sets or hardens. Also, make sure models fit into the bite record without rocking.

With most appliances, the therapeutic advancement of the mandible should be 70% of the total maximum protrusion. The recommended comfortable protrusive starting point is between 50-70% of maximum protrusion, (but as close to 70% protrusion as possible). Please keep in mind that too much protrusion can cause painful TMJ problems not initially a patient concern…and ultimately delay the treatment of the sleep apnea.

ORDERING SPECIFICATIONS:

The vertical opening ensures enough room for the tongue. The larger the tongue, the more vertical is necessary. Every patient is different, but tongue size and primary position when sleeping should be noted.

The following is a suggested guideline that can be used to specify the vertical opening:

- Female patients that primarily sleep on their side and have no scalloping of the tongue: vertical dimension increase should be 5.5mm.
- Female patients that primarily sleep on their back and/or have a scalloped tongue: vertical dimension increase should be 6.5mm.
- Male patients with a normal tongue who sleep predominately on their side: vertical dimension of 6.5mm is recommended.
- Male patients that have a scalloped tongue and/or sleep predominately on their back: 8.0mm is recommended.

IMPORTANT NOTE: Humans are obligate nasal breathers. Great care should be taken to ensure that your patient can maintain an unstrained lip seal. A poor lip seal can lead to mouth breathing with uncomfortable drying of the oral mucosa.

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 canceling 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.