


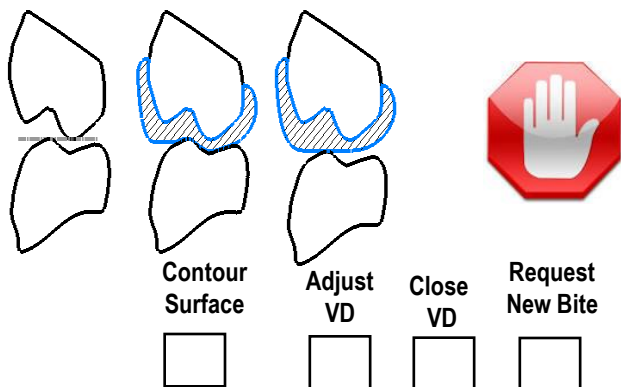
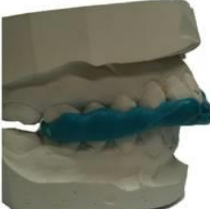


Specify your Patient's DentaBite:		Date:
<input type="checkbox"/> UPPER SPLINT PLEASE <input type="checkbox"/> LOWER SPLINT PLEASE		Dentist / Surgery / Laboratory Name:
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Flat Plane OR <input type="checkbox"/> Anterior Guidance <input type="checkbox"/> Canine Guidance (Upper Only) </div> <div style="width: 35%; text-align: center;"> Insert Date </div> </div> <p style="font-size: small; color: blue;">Please tick guidance preference!</p> <input type="checkbox"/> Remove anterior contacts		Address:
<input type="checkbox"/> Sculpted Design  <input type="checkbox"/> Smooth Design – Lingual  <input type="checkbox"/> Smooth Design – Buccal 		Contact Person:
When there is insufficient thickness  <div style="display: flex; justify-content: space-around; font-size: small;"> <div style="text-align: center;"> <input type="checkbox"/> Contour Surface </div> <div style="text-align: center;"> <input type="checkbox"/> Adjust VD </div> <div style="text-align: center;"> <input type="checkbox"/> Close VD </div> <div style="text-align: center;"> <input type="checkbox"/> Request New Bite </div> </div>		Phone Number:
<input type="checkbox"/> LIGHT Bruxing? <input type="checkbox"/> HEAVY Bruxing?		email:
Records Supplied with Your Case (tick the boxes) <input type="checkbox"/> Upper Model <input type="checkbox"/> Lower Impression Tray <input type="checkbox"/> Lower Model <input type="checkbox"/> Upper Impression Tray <input type="checkbox"/> Bite Index		Patient Name:
 <p style="font-size: small; color: blue; margin-top: 10px;">IMPORTANT NOTE: The DentaBite® process uses the bite index to determine the hinge axis of the lower jaw. If the bite index is not supplied then an arbitrary hinge axis is used and as a result some chairside adjustment is likely required and cuspid point contact is not guaranteed.</p>		<input type="checkbox"/> OPTIONAL - If you would like to review and approve your splint design prior to manufacture, tick here. <p style="font-size: x-small; color: blue; margin-top: 5px;">IMPORTANT NOTE: delivery time is pro-rated from receipt of your approval.</p>
Additional Notes for the Design Team:		
<hr style="width: 80%; margin: 0 auto;"/> Sign Here Please	The accuracy and fit of your patient's DentaBite® is determined by the quality and accuracy of the supplied preps and bite. By signing this order form you understand and agree that should the DentaBite® fit the supplied preps appropriately, but not fit in the patient's mouth, you are still responsible for payment in full of the related account unless otherwise agreed by Stoneglass Industries. Remakes are at the sole discretion of the company.	

Please thoroughly complete and sign the DentaBite® order form and send it with all of your records (PVS impressions, models, bite index) to:
BY EXPRESS POST: PO Box 3267. Rhodes. NSW.2138 . **BY COURIER:** Unit 26. 11-21 Underwood Road. Homebush. NSW. 2140

For further details please contact Georges@stoneglass.com.au