Zepeda Dental Lab

Snoring & Sleep Apnea Appliances

Doctor: _____ **Patient:** _____

Address: _____ **Date Sent:** _____

City: _____ **Date Needed:** _____

State: _____ **Zip:** _____

Phone: ( ) _____ **Dr. Email:** _____

PLEASE SEND: ☐ Rx's ☐ Boxes ☐ Labels

☐ **RUSH SERVICE** MUST CALL TO ARRANGE - ADDITIONAL $50 APPROVED BY: _____

☐ **TAP 3™**
FDA: K062951
☐ Medicare

☐ **Dream TAP™**
FDA: K062951
☐ Medicare

☐ **Kava Herbst™**
FDA: K182661
☐ Medicare
☐ Acrylic
☐ Durasoft

☐ **Kava Dorsal™**
FDA: K182661
☐ Acrylic
☐ Durasoft

☐ **EMA™**
FDA: K971794

MATERIALS ENCLOSED

☐ Upper Model ☐ Lower Model

☐ Protrusive bite ☐ George Gauge

Special instructions:

_____

_____

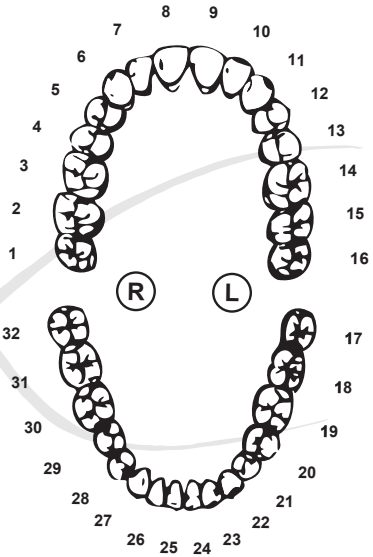
_____

_____

☐ Add Hooks ☐ Open Screws ____mm

☐ Ball Clasps ☐ Open Anterior to allow tongue space

*Please Indicate any crowns on diagram below



Doctor Signature: _____

License #: _____

Date: _____

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