




## DentaBite™ Neuromuscular Orthotic Application Form

<b>Date:</b>		<b>Additional Retention:</b>		
<b>Dentist\Company\ Laboratory Name:</b>		 <p style="text-align: center; font-size: small;">Please mark preferred areas for retention ball clasps</p>		
<b>Address:</b>				
<b>Contact Person:</b>				
<b>Patient Name:</b>				
<b>Telephone No.:</b>				
<b>Do you require centric occlusion dots</b>	<b>Yes</b>		<b>No</b>	
<b>Do you require buccal incisal contacts</b>	<b>Yes</b>		<b>No</b>	
<b>Is the patient a 'pain patient'?</b>	<b>Yes</b>		<b>No</b>	
<b>Would you prefer flatter occlusion with light contact and a definite home?</b>	<b>Yes</b>		<b>No</b>	
<b>Additional Notes:</b>				

Please print and complete this application form and send with your upper and lower polyvinyl impressions and neuromuscular bite to, unit 26, 11-21 Underwood Rd, Homebush, N.S.W. Australia 2140. OR PO Box 1250. Burwood. N.S.W, Australia 1805.

_____ Signature	The accuracy and fit of the finished orthotic will be determined entirely by the quality of the supplied impressions and bite.  I ... (Drs Name).....therefore take full responsibility should the completed orthotic not fit the patients mouth and agree to pay Stoneglass Industries the full amount of the account in relation to this application form.
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**Note: The above signature section must be completed before commencement of work.**