



COMMUNICATION CENTER

AOA Wisconsin
13931 Spring Street
Sturtevant, WI 53177

Phone: 1-800-262-5221
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Bite Registration Instructions

- Checked and approved by Dr. - Use as is
- Checked by Dr. - Call if questions

Flat Plane Occlusal Splint

Upper Lower
Full coverage with even contact of opposing arch. Counter model suggested with wax bite.

Superior Repositioning Splint

Upper Lower (Tanner splint)
Full coverage on upper arch with anterior ramp designed to provide protrusive and cuspid protection. Both upper and lower models with centric relation bite required. Bite should provide 1-2 mm minimum anterior opening for acrylic durability.

Mounted models for adjustable articulators are recommended.

Retention Splint

Requires upper and lower models and construction wax bite.

Please Check Bite Registration Instructions

- Damon
- Hard Pressure formed
- Dual Hardness with Soft Liner
- Elastic Silicone
- Starnes Bite Orthotic

MORA - Gelb

Lower splint with posterior coverage connected with a heavy metal bar lingual of the incisors. Counter model is recommended with a wax bite reflecting desired occlusal acrylic thickness.

Anterior Repositioning Splint

Upper Lower
Full coverage upper appliance with anterior ramp designed to "capture" the lower anterior teeth and hold the mandible in a forward/anterior position. Lower appliance consist of posterior coverage indexed with upper lingual cusps connected with an anterior lingual band of acrylic. Forward upper and lower models. *Bite reflecting anterior position.*

Anterior Open Bite Splint - AOB

Upper posterior coverage with transpalatal bars. Buccal hooks are incorporated. Counter model advised. This appliance is used with implant screws (not available though AOA), which provides accelerated intrusion of upper posterior quadrants.

Anterior Open Bite Retainer

Roth Splint Instructions

- Repositioning Splint Anterior Repositioning Splint
- 2 clasps (standard) Length of splint ramp _____ mm
- 4 clasps
- Clasp type Adams Ball

SPLINT Rx

Dr. _____ Acct # _____

Address _____

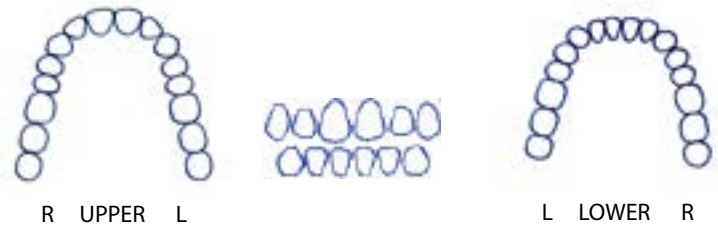
City, State, Zip _____

Patient _____

Tel # _____ Fax # _____

E-Mail _____

Shipped _____ Placement Date _____
(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)
PLEASE WRITE SPECIAL INSTRUCTIONS



Materials

- Splint Grade Acrylic
- Pressure formed Biocryl base - Add Acrylic No Acrylic
- Soft Vinyl appliance - 2mm 3mm
- Dual Hardness - Soft inner surface with hard outer shell
- Color Clear Color _____

Bleaching Tray

- Upper Lower
 - Formed lined - .020 only
 - Vinyl no Bleach Reservoirs
 - Vinyl with Bleach Reservoirs
- Indicate Reservoirs on Diagram*

Clasps - Not available with Soft Vinyl or Dual Hardness Materials

- Mark location on diagram
- Ball Adams
 - Arrow "C"

PLEASE SHIP EXTRA:

- PRE-PAID BAGS
- SHIPPING BOXES
- PRESCRIPTION SHEETS

Laboratory Use Only

SPL _____

SPL _____

ACRY _____

AAC _____

AAC _____

AAC _____

SHIP _____

RECEIVING

OPEN _____

ID _____

DATE _____

ENTER _____

PULL _____

SHIPPING

PULL _____

LAYOUT _____

PACK _____

SHIP _____

CHECK _____