



Rx

The Metz Dental Laboratory, Inc.

James E. Metz, DDS
104 Mill Street Suite H
Gahanna, Ohio 43230
614-532-1827 (p) 614-252-6474 (f)
metzdentallab@yahoo.com



Appliance Lot #: _____

Dr. _____
Street _____ City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Impression Date _____
Due Date (at least 1 day before seat date) _____
Patient _____

SLEEP APPLIANCE: THE METZ APPLIANCE



- Please include upper and lower digital scans, casts or impressions.
- Please include protruded bite record.
- Please include natural bite record.

METZ Appliance Fee: \$490.00 _____
(Solid Arms)

METZ Appliance Fee: \$600.00 _____
(Adjustable Arms)

METZ Anterior Appliance: \$75.00 _____
(Morning Repositioner – Purchased in conjunction with The Metz Appliance)

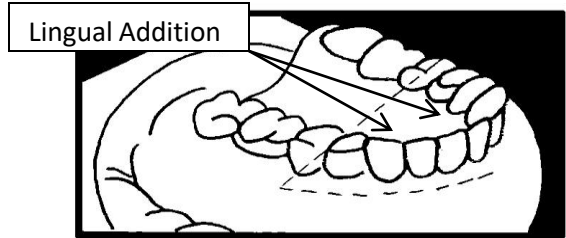
METZ Appliance Demo: \$350.00 _____

Acrylic Repair: \$150.00 _____

Individual Tray Remake: \$250.00 _____

SPECIAL INSTRUCTIONS:

TMJ APPLIANCE: THE METZ ANTERIOR APPLIANCE



Normal Cut Shown – Please note any changes
Please include upper digital scan, cast or impression.

Lingual Addition:

_____None _____2mm _____4mm _____Other

Specific Angle of Anterior Guidance: _____°

Retention:

_____Minimal Blockout (very tight – requires internal adjustment of appliance)

_____Average Amount of Blockout

_____Loose Fit (may require chairside reline)

Anterior Appliance Fee: \$145.00 _____

Rush Fee (< 3 Lab Days): \$20.00 _____

Mounting Fee: \$20.00 _____

Anterior Appliance Demo: \$95.00 _____

SPECIAL INSTRUCTIONS:

OFFICE USE ONLY:

Received Date: _____ Courier UPS Mail Other

Sent Date: _____ Courier UPS Mail Other

Department: _____

TMJ Pivotal Appliance

- Please include lower digital scan, cast or impression.

Pivotal Appliance Fee: \$145.00 _____

Rush Fee (< 3 Lab Days): \$20.00 _____

Pivotal Appliance Demo: \$95.00 _____