



RX

The Metz Dental Laboratory, Inc.

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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 casts or impressions with excellent cervical adaptation. Regular set alginate and die stone preferred.
- Please include protruded bite record (George Gauge preferred)
- Please include natural bite record

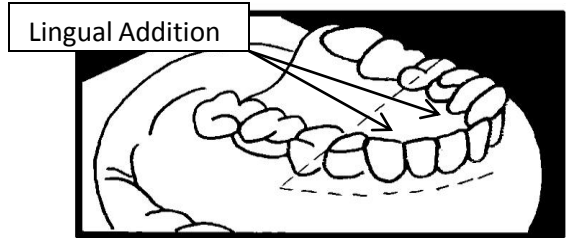
- METZ Appliance Fee:** \$750.00 _____
METZ Anterior Appliance: \$75.00 _____
 (Morning Repositioner – Purchased in conjunction with The Metz Appliance)
Rush Fee: \$100.00 _____
METZ Appliance Demo: \$500.00 _____
 (includes upper and lower models)
Acrylic Repair: \$150.00 _____
Individual Tray Remake: \$350.00 _____
Full Remake: \$600.00 _____

SPECIAL INSTRUCTIONS:

OFFICE USE ONLY:

Received Date: _____ **Courier** **UPS** **Mail**
Sent Date: _____ **Courier** **UPS** **Mail**
Department: _____

TMJ APPLIANCE: THE METZ ANTERIOR APPLIANCE



Normal Cut Shown – Please note any changes
 Please include upper cast or impression with excellent cervical adaptation.

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:

TMJ Pivotal Appliance

•Please include lower cast or impression with excellent cervical adaptation. Regular set alginate and die stone preferred.

- Pivotal Appliance Fee:** \$145.00 _____
Rush Fee (< 3 Lab Days): \$20.00 _____
Pivotal Appliance Demo: \$95.00 _____