

COMMUNICATION CENTER

AOA Wisconsin
13931 Spring Street
Sturtevant, WI 53177

Phone: 1-800-262-5221
Fax: 262-886-6879
International: 262-886-1050

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.

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

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.

- MORA (occlusal indents)
GELB (flat occlusal surface)

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

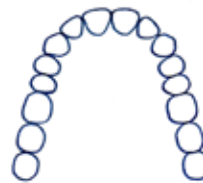
City, State, Zip

Patient

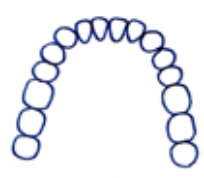
Tel # Fax #

E-Mail

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



R UPPER L



L LOWER R

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
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

SHIPPING

Open _____ Dept. √ _____

Dept. √ _____