

# SPLINTS/MUSCLE DEPROGRAMMERS



DENTAL LABORATORIES, INC.

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f Artistic Dental Lab

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 I    M    BP    BF    \_\_\_\_\_

Pan #	Rec. Date	Note for Doctor	REC	DIS	PREP	WX	FIN
Case #	Art #	Invoice #					

DOCTOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PATIENT'S NAME \_\_\_\_\_

Due date by 5:00 p.m. on: \_\_\_\_\_

**\*SPLINT FLOWCHART ON BACK**

**Required**

- Models/Impressions or Scans (IOS)
- Face Bow
- Bite Registration
- Protrusive Bite

**Articulator Preference**

Stratos \_\_\_\_\_ Hanau \_\_\_\_\_ Denar \_\_\_\_\_ Artex \_\_\_\_\_ Sam \_\_\_\_\_ Kavo \_\_\_\_\_ Panadent \_\_\_\_\_

**Appliance Type**

- Flat Plane Occlusal Splint
- Soft Occlusal Guard
- Tanner Splint
- Anterior Repositioning Splint
- Flat Plane Occlusal Splint with opposing cusp indentations
- Comfort Hard/Soft

**Arch Choice**

- Max    Mand
- Most Uneven

**Contact All Anterior Teeth**

- Yes    No

**Material Choice**

- Hard Processed Acrylic
- Hard Thermoplastic
- Acrylic with Thermoplastic Inner

**Color**

- Clear
- Toothshade (Acrylic)
- White (Acrylic)

**Design**

- Horseshoe Palate
- Horseshoe No Palatal Cover
- I will Reline
- No Incisal overlap of Anteriors
- See Notes/Drawing Below

**Ball Clasps**

- Yes    No    If Needed

**Bite Registration**

- Dr. Mount (Include Bite)
- Maximum Intercuspation
- Centric Relation
- Protrusive

**Max Ant Pin Opening**

- Average = 5mm    6mm
- 7mm    >7mm    Call

**Min. Occlusal Thickness from longest posterior cusp**

- 1.0mm    3.0mm
- 2.0mm    4.0mm

**Amt. of Posterior Disclusion**

- 1.0mm
- 2.0mm
- 3.0mm

**Condylar Preference**

- Use Protrusive Bite
- 20°    25°    30°
- 35°    \_\_\_\_\_

**Condylar Readings**

Left \_\_\_\_\_ Right \_\_\_\_\_

**Length of Incisal table from MI**

\_\_\_\_\_mm

**For steep Curve of Spee**

- Provide more vertical opening
- Provide steeper anterior guidance

**If No Post Contact With CR Mount**

- Remount MI
- Call

\* All splints have a flat occlusal surface with anterior guidance and posterior disclusions in all excursive movements and follow the philosophy of Dr. L.D. Pankey and Dr. Peter Dawson.

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DOCTOR'S SIGNATURE \_\_\_\_\_ LIC. NO. \_\_\_\_\_

Net amount of invoice is due within 30 days of receipt of order. All balances beyond 30 days are subject to 2% late fee. I agree to pay reasonable attorney's fees and collection costs if this account is referred for collection.

QA	DEPARTMENT BILLING				UPPER	LOWER	DATE BILLED	INVOICE#
	Models	Pour	Dupl	Artic	Facebow			
	1st Set-up per Tooth							
	Diagnostic Wax Up							
	Finish:	HYDRO	1-3	4-9	10+			
	Stone Tooth Removal per Tooth							
	Repair:	Simple	Major	Reline				
	Clasps:	Ball	Bent Wire					
	Reinforcement:	Wire	Mesh	Lingual Bar	Perma-mesh			
	Surgical Stent:	Processed	Vacuform	Matrix				
	Hawley	Mora	Clear	Denture	Shore			
	Mouthguard:	Hard	Dual	Soft	BioStar	Thermoplastic		

