

## Case Info

Note: Turnaround time is 7 days + shipping. Call for a rush request. Rush fee will apply. Incomplete Rx information or technical evaluations may result in an increased turnaround time.

ACCOUNT# \_\_\_\_\_

DR. NAME (Required) \_\_\_\_\_ CASE DUE DATE (Required) \_\_\_\_\_

DR. ADDRESS (Required) \_\_\_\_\_

SIGNATURE OF DENTIST (Required) \_\_\_\_\_ DENTIST LICENSE# (Required) \_\_\_\_\_

DR. PHONE (Required) \_\_\_\_\_ DR. EMAIL (Required) \_\_\_\_\_

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. Dentist's signature will authorize ProSomnus® Sleep Technologies to construct, alter or repair the device described on this requisition.

PATIENT NAME (Required) \_\_\_\_\_

## 1 Sleep Device

### [IA] Iterative Advancement Devices

- [IA] Series A + UA
- [IA] SELECT Series A
- [IA] SELECT Series A + UA

### [CA] Continuous Advancement Devices

- [CA] LP *(NEW!)*
- [CA] Standard

### [PH] Precision Herbst-style Device

- [PH] Standard (default Herbst Nut Plus Wrench Adjustment)

*(Optional Add-On)*

### [MOG] Morning Occlusal Guide with Device

- [MOG]: Design includes an anterior bite ramp.
  - Qty. 1  Qty. 2 (default)
- [MOG] MIP: Design enables true, full occlusal contact.
  - Qty. 1  Qty. 2 (default)

- Additional Arches *(please specify below)*

## 2 Monogram™ Customization

*Standard design default if left blank.*

### Splint Coverage

- Full Lingualess
- Full Lingual Coverage
- Lingualess Anterior with Full Posterior Coverage
- Tapered Posterior
- No Distal Wrap Coverage

### Titration Mechanism

- 70° Dual Posts (not available for SELECT, CA, PH)
- 90° Non-Radius Dual Posts (not available for PH)
- Herbst Pinhole Adjustment (PH only)

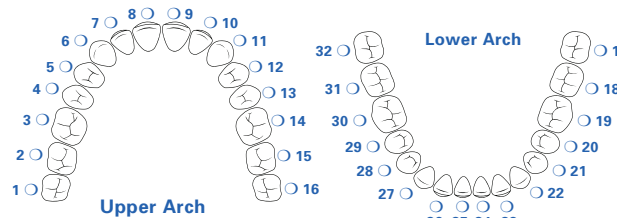
### Other Customizations

*(not available for SELECT or CA LP)*

- Anterior Airway (2.0mm default)
- Anterior Discluder (4.0mm default)
- Metal-Free Hooks
- No Upper Comfort Bumps on [PH]
- No Lower Comfort Bumps on [PH]

- OK to open bite as required for design.

**Optional:** Please indicate teeth for block out using the chart below *(no device retention)*.



## S Supplies

- Backup Device
- [IA] Sample Model
- [IA] SELECT Sample Model
- [CA] LP Sample Model
- [PH] Standard Sample Model
- [MOG] Sample Model
- [MOG] MIP Sample Model
- ProSomnus Sleep Device Rx's
- Shipping Boxes
- Patient Education Brochures
- George Gauge Kit
- 3.0mm Bite Forks
- 3.0mm Digital Bite Forks
- ProSomnus [PH] ProKit
- ProSomnus [PH] Wrenches
- Extra Carrying Case

See back for descriptions, terms and conditions.

5860 West Las Positas Blvd., Ste. 25  
Pleasanton, CA 94588

844 537 5337  
ProSomnus.com



## 3 Special Instructions

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## ProSomnus [IA] Standard



**ProSomnus [IA] Standard Default Design Includes:** Lingualless Anterior Coverage; Full Posterior Coverage; Distal Wrap Coverage; Dual 90° Radius Posts; Flat Plane Splint Design; ProSomnus [UA] Unlimited Advancement Arches. Device starting position is set at bite when delivered.

## ProSomnus [IA] SELECT



**ProSomnus [IA] SELECT Standard Default Design Includes:** Lingualless Anterior Coverage; Full Posterior Coverage; Distal Wrap Coverage; Dual 90° Radius Posts; Flat Plane Splint Design. NOTE: The SELECT device is recommended for patients with challenged lip competency with less than 5.0mm of anticipated advancement. Device starting position is set at bite when delivered.

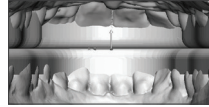
## ProSomnus [CA] LP



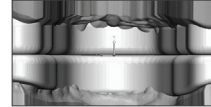
**ProSomnus [CA] LP Default Design Includes:** 1 Upper [CA] LP Arch; 1 Lower (L0) Arch; 1 Lower (L3) Arch; Lingualless Anterior Coverage; Full Posterior Coverage; Tapered Posts; Flat Plane Splint Design with Lingual and Labial Anatomical Scalloping. Device starting position is set at bite when delivered.

## ProSomnus Monogram Customization Options

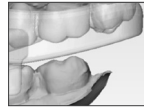
### FULL LINGUALESS



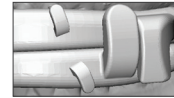
### FULL LINGUAL COVERAGE



### TAPERED POSTERIOR



### METAL-FREE HOOKS



### DUAL 70° RADIUS POSTS



### DUAL 90° NON-RADIUS POSTS



### ANTERIOR AIRWAY



### ANTERIOR DISCLUDER



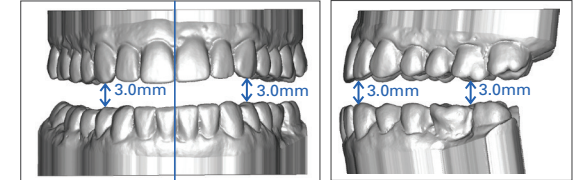
## ProSomnus [PH] Standard



**ProSomnus [PH] Standard Default Design Includes:** 1 Upper [PH] Arch and 1 Lower [PH] Arch, connected by two Herbst Arms; Lingualless Anterior Coverage; Full Posterior Coverage; Distal Wrap Coverage; Flat Plane Splint Design; Upper and Lower Comfort Bumps; Upper Metal-Free Hooks for Elastics; Herbst Nut Plus Wrench Adjustment. Device starting position is set at bite when delivered.

## ProSomnus Sleep Device Bite Requirement

ProSomnus devices require 3.0mm of clearance at the lowest cusp point. The diagram below shows how to visualize the amount of space required.



Doctors have been reported using several additional techniques when issues arise to make sure they have enough clearance:

- Moving the bite fork to include dangling cusps.
- Modifying the bite fork to capture dangling cusps.
- Adding material to the incisal guide area to open the vertical more.
- Measuring with a caliper in the bicuspid and molar areas.
- Shortening the device when there is an excessive Curve of Spee.

## Policy Guidelines

**DIGITAL IMPRESSION POLICY:** ProSomnus® Sleep Technologies receives digital impressions. For quality assurance purposes, sleep devices made from digital impressions are fit against a 3D printed model of the digital impression. We strongly recommend if sending digital impressions to also send a digital bite, rather than physical to avoid manufacturing delays. If sending a physical bite with digital impressions, please notify [Digital@ProSomnus.com](mailto:Digital@ProSomnus.com) or notate when submitting files.

**WARRANTY:** ProSomnus 100% guarantees the workmanship and materials of this device. ProSomnus' service warranty can be found at ProSomnus.com (Terms and Conditions section).

**DISCLAIMER:** ProSomnus cannot warrant against customer dissatisfaction due to diagnosis, treatment decisions, style, or brand of device chosen. We're happy to assist you with any device adjustments and/or modifications, and to provide you with any information you may need to learn about the use of these devices.

**OUR PROMISE TO YOU:** Upon incoming examination of your case, if the ProSomnus manufacturing team determines that there is not enough bite clearance, nor enough retention to accommodate the standard design, we will NOT make changes without your knowledge or authorization unless noted in your preferences. Our manufacturing process will be temporarily stopped until we are able to contact you for a consultation regarding design alternatives that you prefer and prescribe. The ProSomnus Sleep & Snore Devices are FDA cleared and registered Medical Devices.