

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# _____ SUBMISSION DATE _____

DR. NAME (Required) _____ CASE DUE DATE (Required) _____ DR. ADDRESS (Required) _____

SIGNATURE OF DENTIST (Required) _____ DENTIST LICENSE# (Required) _____ DR. PHONE (Required) _____ DR. EMAIL (Required) _____

PATIENT NAME (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.

1 Sleep Device (*Comes with unlimited advancement arches. Additional arches are provided after initial device is delivered and can only be ordered one at a time. Please consult TechnicalService@ProSomnus.com with questions.)

Iterative Advancement

EVO™* (NEW)

[IA]*

[IA] SELECT*

Continuous Advancement

[CA] LP

OK to open bite as required for design.

Precision Herbst Advancement

[PH] Standard

(Default Herbst nut plus wrench adjustment)

Morning Occlusal Guide (Optional with device)

Design includes an anterior bite ramp:

Standard [MOG]: Qty. 1 or 2

EVO [MOG]†: Qty. 1 or 2

Design enables true, full occlusal contact:

Standard [MOG] MIP: Qty. 1 or 2

EVO [MOG] MIP†: Qty. 1 or 2

†Only available when ordering an EVO Sleep & Snore Device

Additional Arches (Please specify): _____

2 ProSomnus Monogram™ Customization (Standard default design if left blank. See reverse for Monogram specifications.)

Product	Splint Coverage			Post Design			Other Customizations								
EVO		<input type="checkbox"/>	default				default	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
[IA]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		default	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
[IA] SELECT		<input type="checkbox"/>	default					default		<input type="checkbox"/>					
[CA] LP		<input type="checkbox"/>	default				default	<input type="checkbox"/>				<input type="checkbox"/>			
[PH]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					default	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Special Instructions (For no device retention, note teeth #'s for block out if necessary.)

Supplies (Additional fees may apply.)

<input type="checkbox"/> Backup Device	<input type="checkbox"/> ProSomnus Sleep Device Rx's
<input type="checkbox"/> EVO Sample Model (NEW)	<input type="checkbox"/> Shipping Boxes
<input type="checkbox"/> [IA] Sample Model	<input type="checkbox"/> Patient Education Brochures
<input type="checkbox"/> [IA] SELECT Sample Model	<input type="checkbox"/> George Gauge Kit
<input type="checkbox"/> [CA] LP Sample Model	<input type="checkbox"/> 3.0mm Bite Forks
<input type="checkbox"/> [PH] Standard Sample Model	<input type="checkbox"/> 3.0mm Digital Bite Forks
<input type="checkbox"/> Standard [MOG] Sample Model	<input type="checkbox"/> ProSomnus [PH] ProKit
<input type="checkbox"/> Standard [MOG] MIP Sample Model	<input type="checkbox"/> ProSomnus [PH] Wrenches
<input type="checkbox"/> EVO [MOG] Sample Model	<input type="checkbox"/> Extra Carrying Case
<input type="checkbox"/> EVO [MOG] MIP Sample Model	

See back for descriptions, terms and conditions.

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 Pleasanton, CA 94588





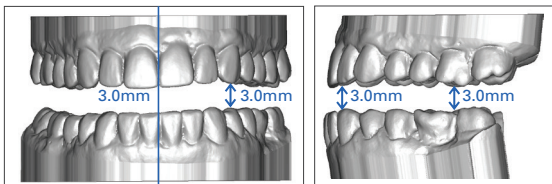
ProSomnus Default Design Descriptions

Product	Splint Design	Anterior Coverage	Posterior Coverage	Post Design	Advancement	Initial Delivery	Additional Advancement Arches	Other Default Features
EVO*	Anatomical Scalloping	Lingualess	Lingual	Dual 90° Optipost	Iterative	L0, L1, U0, U2, U4 = 5.0mm total	Unlimited	Natural Anterior Opening
[IA]*	Flat Plane	Lingualess	Lingual	Dual 90° Radius	Iterative	L0, L1, U0, U2 = 3.0mm total	Unlimited	n/a
[IA] SELECT*	Anatomical Scalloping	Lingual	Lingualess	Dual 90° Ultra Low Profile	Iterative	L0, L1, U0, U2 = 3.0mm total	Unlimited	n/a
[CA] LP*	Anatomical Scalloping	Lingual	Lingualess	80° Radius Tapered	Continuous	L0, L3, U0 = 6.0mm total	Fee	Natural Anterior Opening
[PH]*	Flat Plane	Lingualess	Lingual	n/a	Herbst Arm with Nut or Pinhole	L0, U0 = -1.0mm to 6.0mm = 7.0mm total	Fee	U/L Comfort Bumps; Metal-Free Hooks

*All default designs include distal wrap. 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 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.