

# PROSOMNUS® SLEEP & SNORE DEVICES RX



ENGINEERED FOR: Comfort, Simplicity, Biocompatibility, Durability, Predictability

Patient Preferred OSA Therapy™

## 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) \_\_\_\_\_

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 (Iterative Advancement device options come 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®
- EVO SELECT **(NEW)**
- [IA]
- [IA] SELECT

#### Precision Herbst Advancement

Dual arms with hex nut & pinhole style advancement:

- EVO [PH] **(NEW)**
  - [PH]
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#### Continuous Advancement

- [CA] LP

#### Morning Occlusal Guide

(Optional with device; choose one option and quantity)

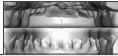





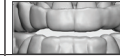






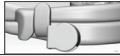
| [MOG] TYPE   | MATERIAL TYPE                       |                                    |
|--|-------------------------------------|------------------------------------|
|  | PMMA<br><small>(Qty 1 or 2)</small> | EVO<br><small>(Qty 1 or 2)</small> |
| [MOG]: Design includes an anterior bite ramp   |                                     |                                    |
| [MOG] MIP: Design enables true, full occlusal contact                                |                                     |                                    |
| [MOG] MIP Anterior Only:<br><small>Design enables complete, occlusal contact</small> | n/a                                 |                                    |

Additional Arches (Please specify): \_\_\_\_\_

OK to open bite as required for design.

## 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"/>  |   | <input type="checkbox"/>  |
| EVO SELECT  |   | default   | default   |   |   |   | default  | <input type="checkbox"/>  |   | <input type="checkbox"/>  |   | <input type="checkbox"/>  |   |   |
| EVO [PH]    |   | <input type="checkbox"/>  | default   |   |   |   | default  | <input type="checkbox"/>  |   | <input type="checkbox"/>  | <input type="checkbox"/>  | default   | <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  | 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"/>  | default   | <input type="checkbox"/>  | <input type="checkbox"/>  |

## 3

### Special Instructions

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

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### Supplies (Additional fees may apply.)

- Backup Device
- EVO SELECT Sample Model **(NEW)**
- EVO [PH] Sample Model **(NEW)**
- EVO Sample Model
- [IA] Sample Model
- [IA] SELECT Sample Model
- [CA] LP Sample Model
- [PH] Sample Model
- Shipping Boxes
- Patient Education Brochures
- George Gauge Kit
- 3.0mm Bite Forks
- 3.0mm Digital Bite Forks
- Other: \_\_\_\_\_

See back for descriptions, terms and conditions.

844 537 5337  
ProSomnus.com

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



Made in the USA. ProSomnus® is a Registered Trademark. NOTE: Please use blue or black ink when completing this form. PRO3-129-M



## ProSomnus Default Design Descriptions

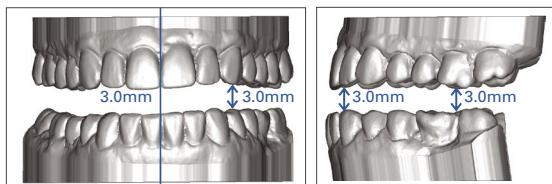
All default designs include distal wrap. Device starting position is set at bite when delivered.

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

## 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.

\*ProSomnus EVO SELECT requires a minimum of 2.5mm of clearance.



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/getting-started/#warranty](https://ProSomnus.com/getting-started/#warranty)

**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 and Snore Devices are FDA cleared and registered Medical Devices.