

PROSOMNUS® SLEEP & SNORE DEVICES RX



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

Patient Preferred OSA Therapy™

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

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) _____

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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]
- 

Continuous Advancement

- [CA] LP

Morning Occlusal Guide

(Optional with device; choose one option and quantity)

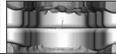
[MOG] TYPE	MATERIAL TYPE	
	PMMA <small>(Qty 1 or 2)</small>	EVO <small>(Qty 1 or 2)</small>
[MOG]: Design includes an anterior bite ramp		
[MOG] MIP: Design enables true, full occlusal contact		
[MOG] MIP Anterior Only: <small>Design enables complete, occlusal contact</small>	n/a	

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"/>	
[IA]	<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"/>

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Special Instructions

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

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

5675 Gibraltar Drive
Pleasanton, CA 94588





ProSomnus Default Design Descriptions

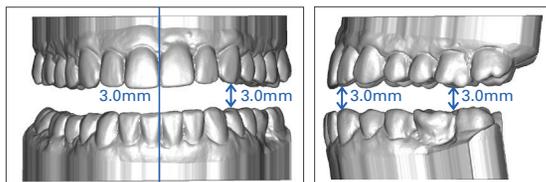
All default designs include distal wrap. Device starting position is set at bite when delivered.

Product	Splint Design	Anterior Coverage	Posterior Coverage	Post Design	Advancement	Initial Delivery	Additional Advancement Arches	Other Default Features
EVO	Anatomical Scalloping	Lingualess	Lingual	Dual 90° Optipost	Iterative	L0, L1, U0, U2, U4 = 5.0mm total	Unlimited	Natural Anterior Opening
EVO SELECT	Anatomical Scalloping	Lingual	Lingual	Dual 90° Optipost Ultra Low Profile	Iterative	L0, L1, U0, U2 = 3.0mm total	Unlimited	Natural Anterior Opening
EVO [PH]	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
[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 & 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 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

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.