

Dentist:

Clinic:

Date Prepared:

Date Due (by 5pm):

Patient Name:

Types

- ☐ Flat Plane ☐ Michigan ☐ MCI ☐ NTI
☐ Farrar ☐ Other _____

Material

- ☐ Endura ☐ Dual laminate (soft / hard)

Contact Opposing

- ☐ All teeth (default) ☐ Anteriors only
☐ Posteriors only

Guidance

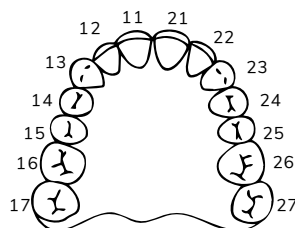
- ☐ None ☐ Canine ☐ Anterior

Bite

- ☐ Open from MIP ☐ Bite provided
 Posterior thickness ☐ 2mm ☐ 3mm ☐ Other _____
 (default)

Instructions / Design Preference

☐ Upper



☐ Lower

