TRU-LINE™
LABORATORY

Date Required

_____

By 5:30 pm.

Suite 1 First Floor
117 Anzac Parade
Kensington NSW 2033
Telephone 9313 7971

Dr _____

Patient : _____

Date Sent : _____

Splint Prescription

Upper Splint ☐	Simple Single Overlay (Soft or Hard) ☐
Lower Splint ☐	Bi Laminate Overlay (Hard/Soft) ☐
FLEXION ™ ☐	**Flat Occlusal Splint** ☐
Cuspid Guidance ☐	Anterior Repositioning Splint ☐
Clasps ☐	Sved (to open bite) ☐
	Deprogrammer NTI Type Variations ☐
	MDSA Plus Sleep Appliance ☐
	(Standard Colour is Blue)

Notes_____

Office use	