



3974 Jurupa Ave. • Riverside, CA 92506
800-321-9943 • Fax 866-861-7959
riversidelab.com

Dr. Name _____ Phone # _____

Acct. # _____ Patient ID/Name _____

First Last

Address/Email _____ **Deliver by 5 p.m. on** _____

Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____

R_x

	Buy 1	Buy 2 One for Relief, One for Reserve
Silent Nite Sleep Appliance	<input type="checkbox"/> \$157	<input type="checkbox"/> \$217 [†]
EMA	<input type="checkbox"/> \$217	<input type="checkbox"/> \$409 [†]
dreamTAP	<input type="checkbox"/> \$437	<input type="checkbox"/> \$849 [†]
TAP 3 TL	<input type="checkbox"/> \$407	<input type="checkbox"/> \$789 [†]
<i>Upper and lower impressions or models with bite registration required</i>		
[†] Price is valid for two appliances of the same kind for the same patient.		

Signature _____ License # _____ Date _____

Submission of this Rx constitutes agreement with limited warranty terms and conditions. See reverse for details.

TERMS AND WARRANTY INFORMATION

We honor VISA, MASTERCARD, AMEX and DISCOVER.

TERMS: Cost of collection of any account will be paid by the customer. All accounts are payable within 30 days of statement date. **Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance.** Prices subject to change without notice. Rx must be enclosed with original case submission.

NO-FAULT REMAKE POLICY: Riverside Dental Ceramics is pleased to process all remakes or adjustments at no additional charge if requested within the warranty period and accompanied by the return of the original appliance.

LIMITED WARRANTY/LIMITATION OF LIABILITY. For warranty terms and conditions and limitation of liability, visit riversidelab.com/policies-and-warranty.



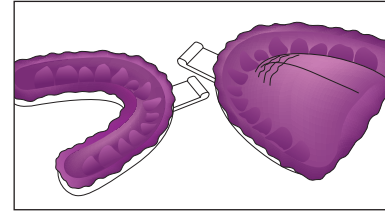
• Mandibular
Advancement
Devices



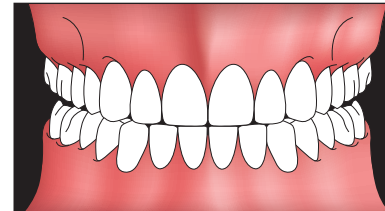
All Restorations
Made in the USA

All rush cases must be prescheduled by calling our Customer Service department before the case is shipped. Time of pickup and delivery may affect turnaround time. **To schedule your rush case, call 800-321-9943.**

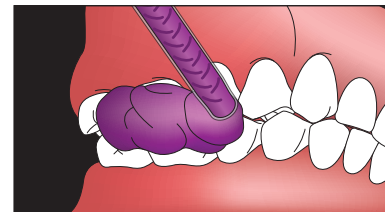
BITE REGISTRATION GUIDE FOR SLEEP APPLIANCES



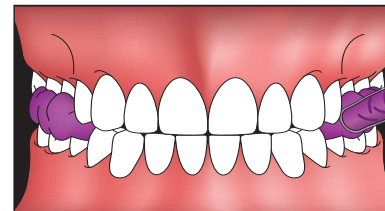
STEP 1: Take full-arch impressions of the maxilla and the mandible using VPS impression material.



STEP 2: Instruct the patient to move teeth into a comfortable protrusive position. If a protrusion gauge is not available, an edge-to-edge position is recommended.



STEP 3: With the patient in this protrusive position, inject bite registration material into the posterior opening of both quadrants.



STEP 4: Allow the material to fully set. Send the full-arch impressions, bite registration and a completed Rx to the lab for fabrication of the appliance.