



$Narval^{\mathsf{TM}}$ CC order form – Send completed form to dental Lab partner (See Reverse)

Order Info		
Clinician name	Office phone	
Practice name (if different)	Contact for case questions	
Address	Contact email	
	Can email be used for case questions/follow-up?	
Patient & Case Data: Required for manufacturing the device		
Patient Last Name _ _ _ _ _ _		
First Name _ _ _ _ _ _ _ _ _ _ _ _		
coverage" designs, ResMed offers a variation on the Narmight require a deviation. These can apply to either or bo the alternatives listed below (e.g., a patient with a tight b	: While the majority of cases will be provided as either "standard" or "full val CC standard design to support unique cases wherein a patient's anatomy th of the upper and lower splints. Should you have a case that requires one of uccal frenulum that may benefit from a "lingual band" design), please indicate elow. If nothing is indicated, the device will be a standard or full-coverage ntact with you to discuss if necessary.	
Standard Full coverage	Lingual band Facial band with cap Lingual band with cap	
Narval CC Anterior Contact design preference: Please indica WILL BE "Lingual band with extended cap." Design may ne	Lingual band Facial band with cap Lingual band with cap Ite your design preference below. If no preference is indicated, THE DEFAULT ed to be altered based on path of insertion. The lab will be in contact with you where anterior contact is intended and does NOT reflect the color of the device.)	
Narval CC Anterior Contact design preference: Please indicates areas with the contact design preference: Please indicates areas with the contact design preference in	te your design preference below. If no preference is indicated, THE DEFAULT ed to be altered based on path of insertion. The lab will be in contact with you there anterior contact is intended and does NOT reflect the color of the device.) No (Please notify me if modification to preference is required.)	
VILL BE "Lingual band with extended cap." Design may need of discuss if necessary. (Note: Blue shading indicates areas we will be shading indicates areas we will be shading indicates areas we will be shading indicates areas will be shading indicates are	No (Please notify me if modification to preference is required.) No (Please notify me if modification to preference is required.) No (Please notify me if modification to preference is required.)	
Alarval CC Anterior Contact design preference: Please indicates areas with the contact design preference: Please indicates areas with the contact design preference: Please indicates areas with the contact of the cont	No (Please notify me if modification to preference is required.) No (Please notify me if modification to preference is required.) No (Please notify me if modification to preference is required.)	





Delivery & Signature: Unless otherwise indicated, completion of all order form fields is mandatory. If left incomplete, your order may be delayed/unable to be processed. Turnaround time: approximately 3 weeks.		
Delivery address (if different from office stamp):	Clinician Stamp/Office Stamp	
Please send with order (see detailed instructions below):	Date order placed on://	
☐ Dental impressions or models in grade 4 stone	Date of patient appointment://	
☐ Bite registration	Signature	

NOTE: Send completed order form and impressions/models to your dental lab partner:

Dental Prosthetic Services 1900 51st Street NE Cedar Rapids, Iowa 52402 PHONE: 319-393-1990 / 800-332-3341

FAX: 319-393-8455

Narval™ CC order form checklist:

1. Confirm that the patient is a good candidate for a mandibular repositioning device.

It is necessary to perform a dental, periodontal, prosthetic and TMJ examination.

The device is contraindicated for patients who:

- Have central sleep apnea
- Have severe respiratory disorders
- Have loose teeth or advanced periodontal disease
- · Are under 18 years of age
- Have a completely endentulous lower arch

It is advisable to complete the following dental treatment before the device is ordered:

- Setup of new prosthesis (crown, bridge)
- Gingivitis
- Orthodontic treatment

2. To make sure the Narval CC is made to your prescription, please provide the following information:

- Bite registration/bite measurements
 - Provide a bite registration in desired protrusion using the George Gauge or your preferred protrusive gauge device. The bite and VD will be designed based on the bite provided.
 - o NOTE: If only a maximum protrusion measurement is sent, the device will be set at 50–70% of maximum protrusion.
 - OR provide a bite in Centric relation using bite impression material of your choice (not wax) in case of special (prognathy, retrognathy) and/or instable occlusion.
 - o Please measure the maximum comfortable protrusion in mm.
 - Where applicable, please provide direction and distance from the centric position, for deviation at the maximum advancement.
 - NOTE: Vertical dimension, in some cases, may need to be altered by the laboratory to ensure that there is no posterior contact along the advancement plane. If requested, the laboratory will seek your approval before proceeding.
- Impressions
 - o Choice of suitable impression material: PVS impression materials are recommended for Narval CC devices to ensure the highest level of accuracy. Protective packaging as provided by your dental lab is recommended for transport.
 - Accurate impressions: You may consider using Rim-Lock impression trays, thus allowing for full impressions of gingival sulcus and posterior molar areas. Impressions must be taken with dentures (if any) in the mouth and must show the bottom of the sulcus in the full dental arch. For your information, these impressions will be discarded following the production process.
 - o If you prefer to send stone models, please use grade 4 stone for the fabrication, paying particular attention to ensure that bubbles are not present on the teeth surface or around the gingival margin.
 - o Finally, if there are any additional drawings or photos that you feel may contribute to the production of the device, please include them with this order.
- 3. Send the complete case to a ResMed Narval CC-preferred dental lab (visit www.resmed.com/Narval for a list of providers)

Complete this order form and place it in protective packaging to be sent out with the following elements:

- Dental impressions or models in suitable material (see above)
- Protrusive bite registration and/or maximum comfortable protrusion measurements

Personal data about you (patient and health care professional) are being processed by computers and used during production of mandibular repositioning devices. Recipients of this information are authorized departments of ResMed, health care professionals and, if applicable, the national health security.