SomnoMed

Level 3, 20 Clarke St,
Crows Nest NSW
Phone: 02 9467 0400
Fax: 02 9467 0467

Monday to Friday
8am-5pm AEST
www.somnomed.com/au

Office Use Only:
PAN :
_____/ _____/ _____

Invoice No:
Sales Order No:

SOMNODENT

NEW DEVICE OR REPAIRS

PLEASE PRINT IN CAPITAL LETTERS (All Fields Required)

Fill in all fields in this section

DENTIST NAME:

PRACTICE NAME:

ADDRESS:

SUBURB: STATE: POSTCODE:

PHONE:

EMAIL:

IMPORTANT: Allow 14 days from the delivery to SomnoMed for return delivery. For shipping please keep your tracking number

Pick Up Date:

Fitting Date:

PATIENT NAME:

TREATING SPECIALIST:

SLEEP TEST COMPLETED: ☒ YES ☐ NO

RUSH ORDER (6 business days): ☐ YES +$195

PROTRUSIVE BITE REGISTRATION:

Please note protrusive bite registration for SomnoDent mandibular advancement splints is required between 60-80% of the total protrusive range. Bite material should be full anterior to posterior extension with a minimum of 3 mm opening at the two closest opposing teeth.

Are skeletal mid-lines on protrusion aligned?

☒ YES ☐ NO (If not _____mm Left / Right)

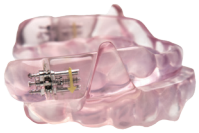
SOMGauge Measurements:

SOMGauge Centric Record	- 5 mm
SOMGauge Maximum Protrusion	+ 6 mm
Total Range of Movement	11 mm
SOMGauge Start Position	+3 mm

SOMNODENT DEVICE RANGE: **All SomnoDent are supplied with a Morning Repositioner for a comprehensive OSA Treatment Package**

SIGNATURE RANGE:

SomnoDent® ☒
Classic ☐
Flex ☒



FUSION® ☐
Classic ☐
Flex ☐

HERBST Advance® ☐
Classic ☐
Flex ☐

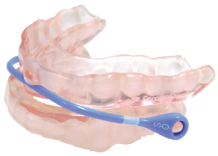
ADDITIONAL REQUIREMENTS

- ☐ Lingual Less (No acrylic on lingual surface)
- ☐ E Dent (Edentulous Patients: a minimum of 6 lower teeth)
- ☒ Elastic Retention (To minimise mouth opening during sleep)
- ☐ Anterior Breathing Space
- ☐ Additional Lateral Movement
- ☐ Vertical Adjustment Ramp
- ☐ Dentitrac Compliance Recorder

* Provide Activation Information: Gender / DOB / Height / Weight / Prescribed Hours

NEW SOMNODENT:

AVANT® (NEW) ☐



ADDITIONAL REQUIREMENTS

- ☐ Anterior Breathing Hole
- ☐ Anterior Ramp
- ☐ Dentitrac Compliance Recorder

ADDITIONAL INSTRUCTIONS:

CHECK YOUR ORDER IS COMPLETE:

- ☒ Upper & Lower Impressions or Stone Models
- ☒ Bite Registration or Upper & Lower Digital Scans within Bite Relationship
- ☒ I have a 'Patient Consent Form' signed for my records

SEND SUPPORT MATERIALS:

- ☒ Lab Forms
- ☒ SomnoDent Brochure
- ☐ SomnoBrux Brochures
- ☐ Product Guide
- ☐ SomnoMed Consultant Visit

☐ REPAIR REQUIRED
Please check all models and bite registration are included.
! Note additional freight charges may be incurred.
All devices out of warranty will be replaced rather than repaired

REPAIR INSTRUCTIONS:

UPFRONT PAYMENT DISCOUNT:

Payment at the time of Invoice will allow you to claim a 2.5% discount on your SomnoDent device. SomnoMed will accept payment by credit card or direct debit.

☐ Tick this box if you wish to make payment prior to device shipment.

SomnoMed Bank Details

Place the invoice number in the payment reference line.
Bank Name: Westpac Banking Corporation **Acc. Name:** SomnoMed Limited
BSB: 032 002 **Acc. Number:** 406246 **Swift code:** WPACAU2S

☒ *I understand that by checking this box, I agree to SomnoMed's Privacy Policy. For details of SomnoMed's Privacy Policy, please go online to https://somnomed.com/au/privacy-policy/ or call Customer Service for a printed version of our Privacy Policy.*