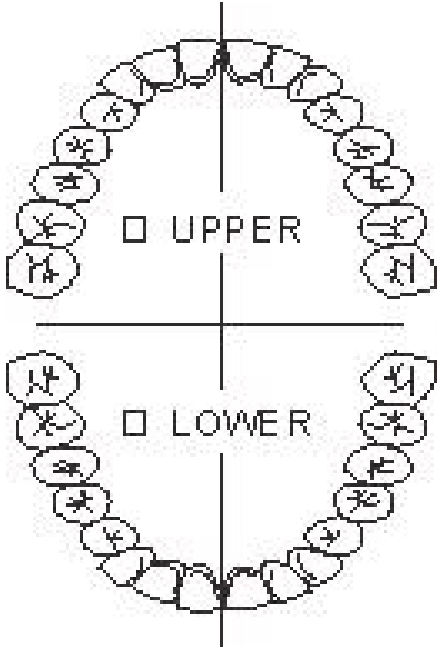


## Splint Prescription

**Please Check:**

|                          |  |   |
|--------------------------|--|---|
| <b>Acrylic Type:</b>     | <input type="checkbox"/> Standard Clear Acrylic<br><input type="checkbox"/> Clear splint Acrylic   | <b>Splint Type:</b>   |
| <b>Bite Plane:</b>       | <input type="checkbox"/> Flat<br><input type="checkbox"/> Slight<br><input type="checkbox"/> Deep Notches<br><input type="checkbox"/> Cuspid Guidance<br><input type="checkbox"/> Incisal Guidance |  |
| <b>Bite Opening:</b>     | <input type="checkbox"/> 2mm <input type="checkbox"/> 3mm <input type="checkbox"/> 4mm<br><input type="checkbox"/> ____mm<br><input type="checkbox"/> Use Enclosed Bite                            |   |
| <b>Clasp Type:</b>       | <input type="checkbox"/> Ball <input type="checkbox"/> Adams <input type="checkbox"/> Arrow <input type="checkbox"/><br><input type="checkbox"/> C-Clasp <input type="checkbox"/> No Clasp         | <b>Note:</b>  |
| <b>Splint Design:</b>    | <input type="checkbox"/> Cover Incisal Edges<br><input type="checkbox"/> Cover Anteriors Facially<br><input type="checkbox"/> Horseshoe Palate<br><input type="checkbox"/> Full Palate             |   |
| <b>Mailing Supplies:</b> | <input type="checkbox"/> Box<br><input type="checkbox"/> Prescription Forms<br><input type="checkbox"/> Mailing Labels   |   |