



RETURN PRESCRIPTION TO:
9129 Lurline Ave.
Chatsworth, CA 91311
Phone: 800-423-3270
Fax: 818-341-4684
www.SMLglobal.com



OraKlenz™

ACCOUNT #

DOCTOR NAME

OFFICE ADDRESS

CITY

STATE

ZIP CODE

PATIENT'S FIRST NAME

PATIENT'S LAST NAME

AGE

DATE OF BIRTH

PLEASE SEND:

- ☐ MAILING MATERIALS
- ☐ PRODUCTS & SUPPLIES
- ☐ DIAGNOSTIC SERVICES
- ☐ C.E. COURSES

ADDITIONAL SERVICES*

- ☐ RETURN DUPLICATE SET OF MODELS

GO GREEN!

PLEASE SCAN OR MAKE A COPY
OF THIS PRESCRIPTION FORM
FOR YOUR RECORDS

DIGITAL SCANS

www.SMLglobal.com/digital

Terms and conditions on reverse

DUE DATE – MUST BE
A MINIMUM OF ONE DAY
PRIOR TO YOUR PATIENT'S
APPOINTMENT

- ☐ EMERGENCY SERVICE
(ADDITIONAL FEES APPLY)
- ☐ PATIENT WILL BE APPOINTED
AFTER APPLIANCE ARRIVES

REPAIR OR REMAKE?

Use the SML Return Form found at
www.SMLglobal.com/RETURN

LAB USE ONLY!

☐ S.I.

RECENT PERIO CHART (required):

- ☐ Enclosed
- ☐ Sent via email: cs@SMLglobal.com
- ☐ Sent via fax: 818-341-4684

PATIENT'S PERIO STATUS:

- ☐ Periodontitis
- ☐ Gingivitis
- ☐ Maintenance

ADDITIONAL REQUESTS (fees apply):

- ☐ 1 Tube of OraKlenz Gel
- ☐ 3 Tubes of OraKlenz Gel
- ☐ 5 Tubes of OraKlenz Gel

TRAY SYSTEM OPTIONS

Select quantity of trays for this treatment below:

4 Tray System

- ☐ Upper ☐ Lower ☐ Both

Single Tray

- ☐ Upper ☐ Lower ☐ Both

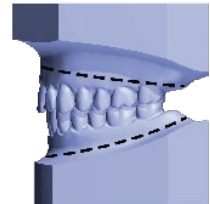
EXAMPLE (below):

Accurate models with proper extensions and clear gingival margins

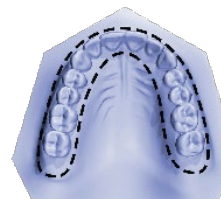
FRONT



SIDE



UPPER



LOWER



LAB REQUIREMENTS:

- Proper tray fabrication requires highly accurate impressions, models or digital scans.
- Make sure there is a **MINIMUM OF 4MM** beyond the gingival margin around the entire arch, including the distal-most molars.
- Inspect the impressions, models or digital scans prior to sending the case.
- Check for distortion, defects, voids, bubbles, etc.
- If the above guidelines are not followed, the OraKlenz Trays will not properly direct the medication to the infection source, thus prolonging healing and treatment time.

NOTES:

**ADDITIONAL
INSTRUCTIONS
ON REVERSE**

SIGNATURE *NOTE: By signing here you are agreeing to our terms and conditions (see reverse).

LICENSE NUMBER

****APPLIANCE SPECIFIC RX FORMS**
Visit www.SMLglobal.com/RX

BEFORE SUBMITTING TO LAB:

- ☐ **PRESCRIPTION:** Make sure all appropriate sections are completed.
- ☐ **IMPRESSIONS, MODELS OR DIGITAL SCANS:** Take the time to provide us with accurate impressions, models or digital scans. Be sure to capture all of the dentition and soft tissue areas (vestibule, palate, sublingual area, etc.) that are required for proper appliance fabrication. Trim stone models as small as possible prior to shipping.
- ☐ **ACCURATE CONSTRUCTION BITE:** Include for all cases where acrylic occlusal coverage or mandibular repositioning is required.
NOTE: Bite gauges, instructions and videos can be viewed at www.smlglobal.com/construction-bites
- ☐ **PACKAGING:** Sturdy cardboard box (provided upon request) is required. Fill the box completely with packing material (foam, etc.). Wrap stone models carefully and individually.
- ☐ **DIGITAL RECORDS:** If applicable, send digital patient files to www.SMLglobal.com/digital

LAB USE ONLY!		LAB USE ONLY!	
RECEIVING	<input type="checkbox"/> Upper Model _____	SHIPPING	<input type="checkbox"/> Upper Model _____
	<input type="checkbox"/> Lower Model _____		<input type="checkbox"/> Lower Model _____
	<input type="checkbox"/> Bite/Bite Fork _____		<input type="checkbox"/> Bite/Bite Fork _____
	<input type="checkbox"/> Impression Trays _____		<input type="checkbox"/> Impression Trays _____
	<input type="checkbox"/> Old Appliance _____		<input type="checkbox"/> Old Appliance _____
	<input type="checkbox"/> Appliance Container _____		<input type="checkbox"/> Appliance Container _____
	<input type="checkbox"/> Articulator _____		<input type="checkbox"/> Articulator _____
	<input type="checkbox"/> Articulator Carrying Box _____		<input type="checkbox"/> Articulator Carrying Box _____
<input type="checkbox"/> Dr's Band _____	<input type="checkbox"/> NEW APPLIANCE		
INITIAL _____	INITIAL _____		

TERMS AND CONDITIONS

LABORATORY APPLIANCES

TERMS:

All invoices are due 15 days from invoice. At day 30, credit card on file will be charged. We accept Mastercard, Visa, American Express, and Discover. A 1.5% interest charge (18% per year) will be added to all invoices not paid by the due date. If legal action is required to obtain payment, SML is entitled to attorney fees.

LIABILITY RELEASE STATEMENT:

SML provides appliances and laboratory services as prescribed by a licensed Dental Practitioner. We can assume no responsibility for techniques used and their use and/or misuse by the prescribing doctor, staff, or their patients.

APPLIANCE WARRANTY AND CONDITIONS:

Our ability to provide a quality appliance begins with YOU. Please take the time to provide us with accurate impressions, models, or digital scans along with a construction bite. Although we pride ourselves in our craftsmanship, our appliances are only as good as the records provided for their fabrication.

SML is responsible only for the custom fabrication of dental appliances in accordance with provided specifications. We can only guarantee that our custom made appliances will fit the working models that were used for their construction. **IMPORTANT NOTE:** SML does not warrant appliances fabricated from impressions, models or digital scans that are older than 60 days (for adults) or 30 days (for children) from date of invoice.

WHAT IS COVERED BY WARRANTY:

All custom made appliances will fit the working models provided for their construction upon delivery to patient. Components on most SLEEP appliances are covered for a period of three (3) years and ALL OTHER appliances are covered for a period of ninety (90) days.

WHAT IS NOT COVERED BY WARRANTY:

- Acrylic fracture (due to clenching, bruxing, grinding, etc.)
- Non-compliance (patient chooses not to follow the prescribed treatment protocol, dislikes or intolerant to prescribed appliance, etc.)
- Patient abuse (accident, neglect, appliance loss, improper hygiene, etc.)
- Delamination of hard/soft material
- Changes in the dentition (loss or removal of teeth, restorations, failure of supportive tooth or tissue structures, etc.)
- Improper insertion or removal of appliance
- Improper adjustment of appliance
- Concerns expressed to doctor (regarding impressions, models, digital scans, bite registration, questionable indications and authorization for appliance fabrication)

- Allergic reaction to appliance materials (acrylic, nickel, etc.)
- Incidental or consequential damages or costs (due to patient canceling treatment, lost wages, chair time, pain and suffering)
- Appliances considered a biohazard when sent for repair
- Changing or resetting bites for sleep apnea appliances
- Partial or complete fabrication by any laboratory other than SML
- Cash refund or credit for a custom dental appliance
- Taxes, regulatory compliance fees, model pour-up or model printing fees
- Normal wear and tear
- Expedited production or shipping costs

APPLIANCE REMAKE REQUESTS:

While SML understands that many patients depend upon their appliances for improved and continued health, requests for a total remake - while the patient continues to use the current appliance - should be neither expected by the dentist nor promised to the patient.

IF AN APPLIANCE DOES NOT FIT YOUR PATIENT:

1. Download, print and fill-out the SML RETURN FORM found at www.SMLglobal.com/RETURN
2. Send new impressions, models or digital scans along with a new bite registration.
3. Return the appliance that needs to be remade along with the original working models used in its fabrication. These models were returned to you with the original shipment of the appliance!
4. If the returned appliance does not fit the patient and does not fit the original working models, SML will fabricate a new appliance on your new models at NO CHARGE.
5. If the appliance does not fit the patient but does fit the returned original working models, SML will fabricate a new appliance and charges will be incurred at our usual and customary fees.
6. Occasionally the working models used in fabrication may become damaged to a point that you will be unable to check the accuracy and fit of our work. Should this happen, SML will document this occurrence and return a note with the appliance indicating "Models damaged during processing". If the appliance does not fit the patient, SML will remake the appliance at NO CHARGE. Simply follow steps 1, 2 and 3 noted above and write on the lab prescription slip that the case is a "broken working model remake".

PLEASE NOTE:

Many appliances are fabricated from stainless steel, nickel titanium and acrylic. Stainless steel contains small amounts of nickel and chromium. Nickel titanium contains nickel. Acrylic is processed with methyl methacrylate. A small number of the population is known to be allergic to these materials. Should an allergic reaction occur, advise the patient to consult a physician.

NOTES: