

SnoreHookPRO

Prescribing Dentist:
Name of Clinic:
Shipping Address:
PHONE:
Email:
Patient Name:

ORDER #:

Provide the 5-digit order number (will begin with a 3) that was sent to you in the confirmation email following ordering the SnoreHookPRO.

Shipping Preference / Working Time:

Standard, < 5 working days, N/C

WarpSpeed, < 2 working days, Priority Express Next-Day, \$50 extra. We will send you a link to the payment-page

SCAN transfer options:

-- Send **.stl** scans via **WeTransfer.com** to **SnoreHook@gmail.com**

-- Partner with SnoreHookLAB on MeditLink.com

IMPRESSIONS: Send silicone impressions to the address below

LINING CHOICE:

- SnoreFlex 3D Printed (slightly softens in hot water)
- SnoreFlex 3D Printed pre-lined with Thermacryl (allows direct adaptation)

Jaw Relationship Preferences

Vertical Dimension

Default/minimum VD at edge-to-edge is 6 mm.

Increase VD by ___ mm

Protrusive Position

--Default relationship is at incisor edge-to-edge

--Reduce/retrude from default by ___ mm

--Advance/protrude from default by ___ mm

Coverage Preferences

Wrap distal of last molar

Partial cover last molar

Shorten arch (see sketch)

Buccal / Palatal Coverage

Height of contour

Extend to gumline

Extend ___ mm beyond gumline

Refer to provided jaw relation record

