



The Metz Dental Laboratory, Inc.

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Appliance Lot #: _____

Dr. _____
Street _____ City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Impression Date _____
Due Date (at least 1 day before seat date) _____
Patient _____

SLEEP APPLIANCE: THE METZ APPLIANCE



- Please include upper and lower casts or impressions with excellent cervical adaptation. Regular set alginate and die stone preferred.
- Please include protruded bite record (George Gauge preferred)
- Please include natural bite record

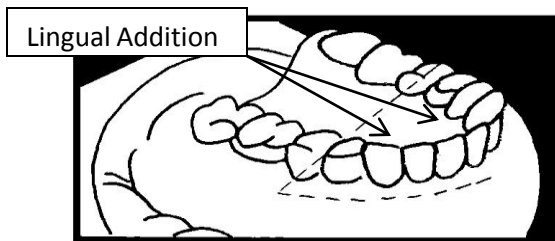
- METZ Appliance Fee:** \$750.00 _____
- METZ Anterior Appliance:** \$75.00 _____
(Morning Repositioner – Purchased in conjunction with The Metz Appliance)
- Rush Fee:** \$100.00 _____
- METZ Appliance Demo:** \$500.00 _____
(includes upper and lower models)
- Acrylic Repair:** \$150.00 _____
- Individual Tray Remake:** \$350.00 _____
- Full Remake:** \$600.00 _____

SPECIAL INSTRUCTIONS:

OFFICE USE ONLY:

Received Date: _____ **Courier** **UPS** **Mail**
Sent Date: _____ **Courier** **UPS** **Mail**
Department: _____

TMJ APPLIANCE: THE METZ ANTERIOR APPLIANCE



Normal Cut Shown – Please note any changes
Please include upper cast or impression with excellent cervical adaptation.

Lingual Addition:

_____ None _____ 2mm _____ 4mm _____ Other

Specific Angle of anterior guidance: _____ °

Retention:

- _____ Minimal Blockout (very tight – requires internal adjustment of appliance)
- _____ Average amount of Blockout
- _____ Loose Fit (may require chairside reline)

- Anterior Appliance Fee:** \$145.00 _____
- Rush Fee (< 3 Lab Days):** \$20.00 _____
- Mounting Fee:** \$20.00 _____
- Anterior Appliance Demo:** \$95.00 _____

SPECIAL INSTRUCTIONS:

TMJ Pivotal Appliance

•Please include lower cast or impression with excellent cervical adaptation. Regular set alginate and die stone preferred.

- Pivotal Appliance Fee:** \$145.00 _____
- Rush Fee (< 3 Lab Days):** \$20.00 _____
- Pivotal Appliance Demo:** \$95.00 _____