NARVAL™ CC ORDER FORM – SEND COMPLETED FORM TO DENTAL LAB (SEE REVERSE)

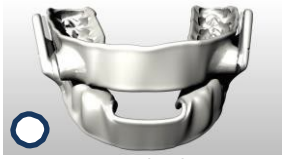
Order Info	
Clinician name_____	**Office phone**_____
Practice name (if different) _____	**Contact for case questions** _____
Address _____	**Contact email**_____
_____	**Can email be used for case questions/follow-up?** ☐ **Yes** ☐ **No**

Patient & Case Data: Required for manufacturing the device

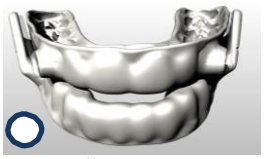
Patient Last Name |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

First Name |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

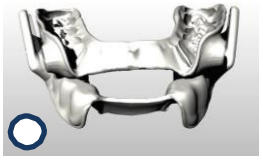
Narval CC design preference (without anterior contact): While the majority of cases will be provided as either "standard" or "full coverage" designs, ResMed offers a variation on the Narval CC standard design to support unique cases wherein a patient's anatomy might require a deviation. These can apply to either or both of the upper and lower splints. Should you have a case that requires one of the alternatives listed below (e.g., a patient with a tight buccal frenulum that may benefit from a "lingual band" design), please indicate this for design consideration by selecting the variation below. **If nothing is indicated, the device will be a standard or full-coverage design based on dentition/retention**. The lab will be in contact with you to discuss if necessary.



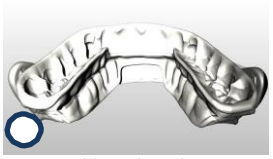
Standard



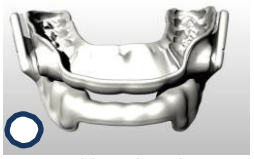
Full coverage



Lingual band



Facial band with cap



Lingual band with cap

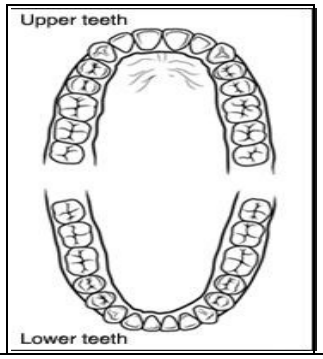
Narval CC Anterior Contact design preference: Please indicate your design preference below. **If no preference is indicated, THE DEFAULT WILL BE "Lingual band with extended cap." Design may need to be altered based on path of insertion.** The lab will be in contact with you to discuss if necessary. (Note: Blue shading indicates areas where anterior contact is intended and does NOT reflect the color of the device.)

Full coverage

Lingual band with extended cap

✓	Is full coverage acceptable for this case?	☐ Yes ☐ No (☐ Please notify me if modification to preference is required.)
✓	Cover the third molars?	☐ Yes ☐ No (☐ Please notify me if modification to preference is required.)
✓	VD strictly followed?	☐ Yes ☐ No If no, VD may be adjusted to patient's anatomy (open or close).
✓	Are elastics desired for this case?	☐ Yes ☐ No
✓	Is a distal wrap preferred?	☐ Yes ☐ No If no, distal won't be covered.

Other factors or specific requests to be taken into account (e.g., brittle tooth, mobility, broken tooth, crown, bridge, other):



Tooth #	Comments

Delivery & Signature: Unless otherwise indicated, completion of all order form fields is mandatory. If left incomplete, your order may be delayed/unable to be processed. **Turnaround time: approximately 3 weeks.**	
Delivery address (if different from office stamp): _____ _____ **Please send with order (see detailed instructions below):** ☐ **Dental impressions or models in grade 4 stone** ☐ **Bite registration**	**Clinician Stamp/Office Stamp** **Date order placed on:** _____/ _____/ _____ **Date of patient appointment:** _____/ _____/ _____ **Signature**

NOTE: Send completed order form and impressions/models to your dental lab:	
Orthodent 311 Viola Street Oshawa, Ontario L1H 3A7 Canada	PHONE: 905-436-3133 Toronto: 905-427-2872 Watts: 800-267-8463 FAX: 905-723-2331

Narval™ CC order form checklist:

1. **Confirm that the patient is a good candidate for a mandibular repositioning device.**
   Before prescribing patients with Narval CC, look for relevant issues in their medical history, such as respiratory disorders, asthma and breathing problems, and refer them to the appropriate healthcare provider first.

The device is contraindicated for patients who: • Have central sleep apnea • Have severe respiratory disorders • Are less than 18 years of age • Have loose teeth or advanced periodontal disease • Have a completely endentulous arch • Have a complete lower denture (not an overdenture) • Have short teeth and/or insufficient undercuts to retain the device	It is necessary to perform a dental, periodontal, prosthetic and TMJ examination. The following dental issues must be treated by the patient's regular dentist before MRD treatment: - Periodontal disease - Cysts and mouth ulcers - Teeth that need to be extracted - Prosthodontics – such as crown or bridges - Orthodontics - Temporomandibular pain needs to be further assessed by patient's treating physician as well as any other TMJ disorder. The dental sleep specialist should check if the teeth (natural or dental implant) anchoring value and retentive morphology are sufficient to ensure the efficacy of MRD without significant side effect of treatment.

2. **To make sure the Narval CC is made to your prescription, please provide the following information:**
   - Bite registration/bite measurements
     - Provide bite registration in desired protrusion using George Gauge or preferred device. Bite and VD will be designed based on bite provided.
       - NOTE: If only a maximum protrusion measurement is sent, the device will be set at 50–70% of maximum protrusion.
     - OR provide a bite in Centric relation using bite impression material of your choice (not wax) in case of special (prognathy, retrognathy) and/or instable occlusion.
       - Please measure the maximum comfortable protrusion in mm.
       - Where applicable, please provide direction and distance from the centric position, for deviation at the maximum advancement.
     - NOTE: Vertical dimension, in some cases, may need to be altered by the laboratory to ensure that there is no posterior contact along the advancement plane. **If requested, the laboratory will seek your approval before proceeding.**
   - Impressions
     - Choice of suitable impression material: PVS impression materials are recommended for Narval CC devices to ensure the highest level of accuracy. Protective packaging as provided by your dental lab is recommended for transport.
     - Accurate impressions: You may consider using Rim-Lock impression trays, thus allowing for full impressions of gingival sulcus and posterior molar areas. Impressions must be taken with dentures (if any) in the mouth and must show the bottom of the sulcus in the full dental arch. For your information, these impressions will be discarded following the production process.
     - If you prefer to send stone models, please use grade 4 stone for the fabrication, paying particular attention to ensure that bubbles are not present on the teeth surface or around the gingival margin.
     - If additional drawings or photos may contribute to the production of the device, please include them with this order.
3. **Send the complete case to a ResMed Narval CC–preferred dental lab (visit www.resmed.com/Narval for a list of providers)**
   Complete this order form and place it in protective packaging to be sent out with the following elements:
   - Dental impressions or models in suitable material (see above)
   - Protrusive bite registration and/or maximum comfortable protrusion measurements

Personal data about you (patient and health care professional) are being processed by computers and used during production of mandibular repositioning devices. Recipients of this information are authorized departments of ResMed, health care professionals and, if applicable, the national health security.