

PRESCRIPTION & ORDERING

Rx for Tic Active Guard TAG

Please construct one TAG appliance to the vertical dimension enclosed.

LAB USE ONLY

Pan No. _____ Case No. _____ Received _____

PATIENT INFORMATION

Patient Name _____ Sex M F Age _____

City/State _____ Zip _____ Country _____

Phone _____ Email _____

DOCTOR INFORMATION

Doctor Name _____

Address _____

City/State _____ Zip _____ Country _____

Phone _____ Email _____

SHIPPING COST **Rush shipping charges apply.** Please note that we will ship FedEx Ground if no selection is made. Free FedEx Ground services ONLY available in the Continental

U.S.

FREE FedEx Ground FedEx 2nd Day Air FedEx Priority Overnight

ADDITIONAL NOTES

Please send: Labels Shipping Boxes Other _____

MATERIALS USED: MOUTHGUARD: POLYETHYLENETEREPLATATE, ETHYLVINYLACETATE, RADIOPAQUE ACRYLIC

Clinical Requirements:

U/L Polyvinylsiloxine (PVS) impressions which includes an accurate representation of the occlusal surfaces and provides extension into the buccal vestibule with a clear impression of the supra and infra bulge of the buccal and lingual surfaces of the mandibular posterior teeth.

A bite registration in Maximum Inter-Cuspation (MIC) or Centric Occlusion (CO)

A bite registration to a reproducible vertical dimension that reduces the tics to a maximum amount. Tongue depressors are commonly used to maintain and reproduce the new vertical dimension. The bite registration will include a posterior and anterior imprint of the teeth to allow the lab to articulate the models using a triangulation technique.

FRONT VIEW

BOTTOM VIEW

SIDE VIEW



I understand that I am not making any medical claims that the TAG Appliance will reduce motor and vocal tics commonly associated with Tourette Syndrome (TS) or Chronic Tic Disorder. (CTD) I am prescribing a modified occlusal guard with a posterior platform to establish a vertical dimension that may or may not reduce motor and vocal tics. This has been explained to the patient and/or the patients legal guardian or parent(s). If the patient is a minor, the patient has provided assent and agrees to wear the appliance for the possibility that it may reduce motor and vocal tics commonly associated with TS and CTD.

FORM MUST BE SIGNED FOR ORDER TO BE PROCESSED!

SEND TO

LICENSE NO. _____

SIGNATURE _____ DATE _____

PLEASE RETAIN A DUPLICATE COPY OF THIS ORDER FORM.

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