



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 _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _	
coverage" designs, ResMed offers a variation on the Nar might require a deviation. These can apply to either or bo the alternatives listed below (e.g., a patient with a tight b	: While the majority of cases will be provided as either "standard" or "full val CC standard design to support unique cases wherein a patient's anatomy oth of the upper and lower splints. Should you have a case that requires one of uccal frenulum that may benefit from a "lingual band" design), please indicate below. If nothing is indicated, the device will be a standard or full-coverage tact with you to discuss if necessary.	
Standard Full coverage	Lingual band Facial 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.)		
 ✓ Is full coverage acceptable for this case? 	No (\Box Please notify me if modification to preference is required.)	
✓Cover the third molars?□Yes □✓VD strictly followed?□Yes □	 No (□ Please notify me if modification to preference is required.) 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.	
Upper teeth	: (e.g., brittle tooth, mobility, broken tooth, crown, bridge, other): pmments	

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Lower teeth





Delivery & Signature: Unless otherwise indicated, comp be processed. Turnaround time: approximately 3 week	letion of all order form fields is mandatory. If left incomplete, your order may be delayed/unable to (s.
Delivery address (if different from office stamp):	Clinician Stamp/Office Stamp
Please send with order (see detailed instructions Dental impressions or models in grade 4 stone	
□ Bite registration	Date of patient appointment: // Signature
NOTE: Send completed order form a	and impressions/models to your dental lab:
Dental Crafters, Inc. 1110 US 27 South	PHONE: 863-453-9119 / 800-990-7450

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:	It is necessary to perform a dental, periodontal, prosthetic and TMJ
Have central sleep apnea	examination. The following dental issues must be treated by the patient's
Have severe respiratory disorders	regular dentist before MRD treatment:
Are less than 18 years of age	- Periodontal disease
Have loose teeth or advanced periodontal disease	- Cysts and mouth ulcers
Have a completely endentulous arch	- Teeth that need to be extracted
Have a complete lower denture (not an overdenture)	 Prosthodontics – such as crown or bridges
• Have short teeth and/or insufficient undercuts to retain the	- Orthodontics
device	- 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

Avon Park, FL 33825

- 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.
 - o 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.

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