



DLP use only Usage DLP	Internal use only Usage interne				Reçu le :				N° Série
Name : MD DENTAL	DEP	Chèq	Poste	TNT	Plâtre	PE	GG	Mordu	
FTP order # :									
Date :									

Order form for Narval CC™

ANGLETERRE

Patient information / Informations patient

Name _____ First Name _____
Nom Prénom

This patient was fitted with Narval CC™ in the past
Ce patient a déjà été équipé d'une Narval CC™

Age _____ ID# _____
Age

Mandatory information to supply / Informations à fournir obligatoirement

BITE REGISTRATION IN DESIRED PROTRUSION

OR

MEASUREMENTS IN MAXIMUM PROTRUSION

Bite registration in desired protrusion provided
Mordu en propulsion souhaitée fourni

AND

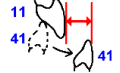
Please optimize the vertical dimension (ResMed recommended option)
Veuillez optimiser la dimension verticale fournie par le mordu

OR

Please reproduce the vertical dimension recorded by the bite registration
Veuillez reproduire la dimension verticale fournie par le mordu

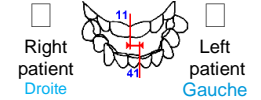
Distance from incisor 11 to 41 : _____ mm
from end to end in maximum protrusion

Distance entre les incisives maxillaires et mandibulaires



Midline deviation : _____ mm
in maximum protrusion

Déviations des milieux inter-incisifs



Bite registration in centric occlusion in case of specific occlusion
Mordu en occlusion d'intercuspidie maximale en cas d'occlusion particulière

Dental particularities to be taken into account / Particularités dentaires à nous signaler

- Teeth to protect : _____
Dents à protéger
- Broken teeth : _____
Dents cassées
- Complete lower implant retained over-denture
Prothèse totale inférieure sur implant
- Future restoration (implant/crown) on teeth # : _____
Restauration dentaire (implant/couronne) prévue sur dents N°:
- Presence of pontics (see instructions on impressions)
Présence de stellite(s)
- Other: _____
Autre

Design preferences / Préférences de design

You can choose the design of the device for the upper and lower splints. Without any preferences from you, ResMed will create a "FACIAL BAND" unless the dental morphology of the patient requires to apply a different design. Please note that Narval CC does not take retention from anterior teeth.

Facial band	Facial band with cap	Incisor full coverage	Palatal/Lingual band with cap	Palatal/Lingual band
<input type="checkbox"/> Upper / Haut <input type="checkbox"/> Lower / Bas	<input type="checkbox"/> Upper / Haut <input type="checkbox"/> Lower / Bas	<input type="checkbox"/> Upper / Haut <input type="checkbox"/> Lower / Bas	<input type="checkbox"/> Upper / Haut <input type="checkbox"/> Lower / Bas	<input type="checkbox"/> Upper / Haut <input type="checkbox"/> Lower / Bas

- Please include all the molars
Je souhaite inclure toutes les molaires
- Please inform me if my preferences cannot be fulfilled
Je souhaite être informé si mes préférences ne peuvent être respectées
- Please add slots for elastic bands
Je souhaite des encoches pour élastiques

Dentist Signature

Delivery time: Please allow 3 calendar weeks from reception of your order by ResMed SAS

Dentist Name : _____ Date ____ / ____ / ____ Signature

Delivery address : _____ Stamp

Country : _____ Tel : _____
Pays

Email : _____

To ensure your order is processed, please provide all information requested and follow the ordering instructions

Ordering instructions for Narval CC™

1. By signing this order form, you are confirming that the patient is a good candidate for a mandibular repositioning device.

Before prescribing patients with Narval CC™, you should look out for relevant issues in their medical history, such as respiratory disorders, asthma and breathing problems, and refer them to the appropriate healthcare provider first.

<p>The device is contraindicated for patients who:</p> <ul style="list-style-type: none">- Have Central sleep apnea- Have severe respiratory disorder (other than OSA)- Have loose teeth or advanced periodontal disease- Are less than 18 years of age- Have a completely edentulous arch- Have a complete lower denture (not over-denture)- Have short teeth, insufficient undercuts to retain the device	<p>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:</p> <ul style="list-style-type: none">- Periodontal disease- Cysts and mouth ulcers- Teeth that need to be extracted- Prosthodontics – such as crown or bridge- Orthodontics- Temporomandibular pain needs to be further assessed by patient's treating physician as well as any other TMJ disorder. <p>The dental sleep specialist should check if the teeth (natural or dental implant) anchoring value and morphology are sufficient to ensure the efficacy of MRD without significant side effect of treatment.</p>
---	--

2. When sending this order form, you confirm that you have provided the following information:

A - Bite Registration or measurements

BITE REGISTRATION:

- Provide a bite registration in desired protrusion using wax bite, or bite impression using George Gauge or a device of your choice. If you use wax, please pay attention to the fact that wax can distort easily and requires to take extra precautions for transportation.
- You may ask ResMed to reproduce the vertical dimension recorded by your bite impression by ticking the box "Please reproduce the vertical dimension". In that case the bite registration should be at least 4mm thick. If a significant vertical dimension adjustment is necessary (additional opening of 2°, which corresponds to approximately 3 mm), you will be contacted before production starts.
- ResMed can optimize the vertical dimension so as to ensure no posterior contact during advancement. If you would like this option please tick "Please optimize vertical dimension".

MEASUREMENTS:

- Please measure the distance between the upper incisor (N°11) and the lower incisor (N°41), from end to end, in mm and in maximum protrusion.
- Where applicable, please provide direction and distance of midline deviation in maximum protrusion.
- Consider providing a bite in centric occlusion using material of your choice in case of special (prognathia, retrognathia) and/or unstable occlusion.
- Initial mandibular protrusion will be set at approx. 60% of maximum protrusion.
- Vertical dimension will be minimised so as to ensure no posterior contact during advancement.

B - Impressions and/or plaster models

IMPRESSIONS:

- The impression material chosen should not be affected by transport (**non-compressive silicon would be preferred for long distance and/or weekend transportation and alginate should only be used for short distance transportation**).
- We require a full impression of gingival sulcus and posterior molar area. Impressions must be taken **with dentures in place** (if any) and must show the bottom of the sulcus in the full dental arch.
- If the patient wears a pontic during the night, please take the impressions with the pontic in place. If the patient does not wear their pontic during the night, please ensure that the anchoring value and morphology of the remaining teeth are sufficient. In case of doubt, please contact your ResMed approved Dental Laboratory Partner.

MODELS:

- **Please ONLY use a Type IV high strength material that can be scanned by CAD/CAM systems (matt and light colour preferred), low expansion crown and bridge die stone that produces smooth, hard and accurate surfaces.**
- **Ensure bubbles are not present on the teeth surface or the gingival margin and that plaster models are less than 6 months.**

3. Send your order to your local ResMed approved Dental Laboratory. More info can be provided by your ResMed contact

<p><u>Complete this order form and sent it out with:</u></p> <p><input type="checkbox"/> Disinfected bite registration and/or measurements</p> <p><input type="checkbox"/> Disinfected impressions or models</p>	<p><u>Your ResMed approved Dental Laboratory</u></p> <p> MD Dental Services (Laboratory) Ltd</p> <p>☎ Suite 102, 204 Baker Street, Enfield Middx EN1 3JY, UK ☎ +44 (0) 20 82 92 51 81 ✉ david@mddentalservices.co.uk 🌐 www.mddentalservices.co.uk</p>	<p><u>Your ResMed contact</u></p> <p>Narval - ResMed SAS Tel. +33 (0)4 26 100 200 Fax. +33 (0)4 26 100 300 Email: narvalcc@resmed.com</p>
--	---	--

Data Privacy: Personal data about the patient and the dentist is being processed for the purpose of the mandibular repositioning device production. The dentist is the data controller and is responsible for compliance with applicable data protection law. ResMed has the role of a data processor and processes personal data on behalf of the dentist. On request, the patient has the right to access, rectify and delete their personal data by contacting their health professional (dentist).