Aer Healthcare
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12 Gardeners Rd,
Kingsford NSW 2032
02 8090 4358
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www.aerhealthcare.com.au
Online purchase link:
https://www.aerhealthcare.com.au/professionals-only

Laboratory Order Form for the Aer Dorsal

Please print in CAPITAL LETTERS/ please allow ten calendar days for the lab to make the Aer Dorsal

Billing and shipping information

Please tell your name and address for billing purposes….

☐ Name _____
☐ Address (billing) _____
☐ Address (shipping) _____
☐ Phone number _____
☐ **Date job sent to lab _____/_____/_____ Received by lab _____/_____/_____**
☐ **Patient name_____**
☐ **Patient appointment time _____ (AM/PM)** **Date of appointment _____/_____/_____**

Details for making your Aer Dorsal

☐ **Please provide the preferred starting bite position so that the appliance can be set to thatposition**

Please indicate your opinion as to whether you require the ability to reduce the protrusive and or the vertical position for this patient – or if you simply need to have the ability to further advance and increase the intra-oral volume
Need to reduce protrusive __ Need to reduce vertical after issue__ Simply need to further advance__

☐ Has the patient recently undergone a sleep test?
What is the RDI or AHI?
☐ 0-5
☐ 5-15
☐ 15-30
☐ 30- Above
☐ Is the patient a mouth breather Yes/NO?

☐The dentist is satisfied with the bite record for the patient
☐The dentist is satisfied with the impressions/models supplied for the construction of the Aer Dorsal MRD

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