



# ANTI-SNORING & SLEEP APNEA

8050 Hawk Ridge Trail  
P.O. Box 390 • Wentzville, Missouri 63385  
(800) 489-4020 • (314) 426-4020 • FAX (314) 429-7575  
rx@dynaflex.com • www.dynaflex.com

### IF NEW ACCOUNT:

DOCTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

|         |       |           |
|---------|-------|-----------|
| ACCT. # | OFC # | License # |
|---------|-------|-----------|

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NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY LABEL**  
FIRST-CLASS MAIL PERMIT NO. 8000 WENTZVILLE, MO

POSTAGE WILL BE PAID BY ADDRESSEE

**DynaFlex®**  
P.O. Box 390  
Wentzville, MO 63385-9811

RX FORMS ARE AVAILABLE AT [WWW.DYNAFLEX.COM](http://WWW.DYNAFLEX.COM)

PLEASE PROVIDE DATE WANTED TO AVOID DELAYS

|                       |               |                  |   |   |
|-----------------------|---------------|------------------|---|---|
| <b>PATIENT'S NAME</b> | <b>D.O.B.</b> | <b>DATE SENT</b> | <b>DATE WANTED</b> <small>3 Week Turnaround</small> | <input type="checkbox"/> <b>FIRST CASE</b><br><input type="checkbox"/> <b>SEND MORE RXS</b><br><input type="checkbox"/> <b>SEND BOXES</b> |
|-----------------------|---------------|------------------|---|---|

**Rush Service - Must Call To Arrange**
Approved By: \_\_\_\_\_

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|---|---|---|
| <p><b>Medicare E0486 Verified</b></p> <p><input type="checkbox"/> <b>Adjustable Herbst®</b><br/>(FDA: K103076)</p> <p><input type="checkbox"/> Milled</p> <p><input type="checkbox"/> Comfort Fit</p> <p><input type="checkbox"/> Accu-Fit</p> <p><input type="checkbox"/> Acrylic w/ Clasp</p> <p><input type="checkbox"/> <b>TAP® 1</b><br/>(FDA: K972061)</p> <p><input type="checkbox"/> Triple Laminate</p> <p><input type="checkbox"/> ThermAcryl®</p> <p><input type="checkbox"/> <b>TAP® 3</b><br/>(FDA: K062951)</p> <p><input type="checkbox"/> Triple Laminate</p> <p><input type="checkbox"/> ThermAcryl®</p> <p><input type="checkbox"/> AccuTherm</p> <p><input type="checkbox"/> <b>dreamTAP™</b><br/>(FDA: K062951)</p> <p><input type="checkbox"/> Triple Laminate</p> <p><input type="checkbox"/> ThermAcryl®</p> <p><input type="checkbox"/> AccuTherm</p> | <p><input type="checkbox"/> <b>DynaFlex Dorsal®</b><br/>(FDA: K103076)</p> <p><input type="checkbox"/> Milled</p> <p><input type="checkbox"/> Comfort Fit</p> <p><input type="checkbox"/> Accu-Fit</p> <p><input type="checkbox"/> Acrylic w/ Clasp</p> <p><input type="checkbox"/> <b>DynaFlex AirPlus™</b><br/>(FDA: K103076)<br/><small>Includes reverse fins &amp; shorten lingual</small></p> <p><input type="checkbox"/> Milled</p> <p><input type="checkbox"/> Comfort Fit</p> <p><input type="checkbox"/> Accu-Fit</p> <p><input type="checkbox"/> Acrylic w/ Clasp</p> <p><input type="checkbox"/> <b>EMA</b><br/>(FDA: K971794)</p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Comfort Fit</p> <p><input type="checkbox"/> Accu-Fit</p> | <p><b>Ready for 30 Second Case Submission?</b><br/>Start submitting your case using<br/>DynaFusion Digital Rx Submission System.<br/>Accepts Digital and Traditional Models.<br/><a href="http://www.dynaflex.com/dynafusion-about">www.dynaflex.com/dynafusion-about</a></p> <p><b>Additional Options</b></p> <p><input type="checkbox"/> Extended 3 Year Warranty<br/><small>Additional \$125</small></p> <p><input type="checkbox"/> Shorten Lingual Acrylic</p> <p><input type="checkbox"/> Open Screws _____mm</p> <p><input type="checkbox"/> Add Reinforcement</p> <p><input type="checkbox"/> Open Anterior To Allow Tongue Space</p> <p><input type="checkbox"/> Wrap Distal Of Last Molar</p> <p><input type="checkbox"/> Add Anterior Platform On Appliance<br/>To Disclude Posterior Teeth</p> <p><input type="checkbox"/> Posterior Pads For TAPS</p> <p><input type="checkbox"/> Hooks For Elastics</p> |
|---|---|---|

\*12 Month Warranty Included With All Anti-Snoring And Sleep Apnea Devices

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|--|--|---|
| <p><input type="checkbox"/> <b>Home IMPRESSION Kit</b></p> <p><small>Exclusively from DynaFlex®, Our "Home Impression Kit" is designed for patients to take impressions at home. Home Impression Kit is drop shipped directly to patient. <b>Click To Learn More. Please Provide Patient Address:</b></small></p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><b>Device Shipment</b><br/><small>Once device is complete, we can ship the device directly to patient or to your office.</small></p> <p><input type="checkbox"/> Ship To Office</p> <p><input type="checkbox"/> Ship To Patient</p> | <p><b>DynaFlex® Exclusive</b></p> <p><input type="checkbox"/> <b>DynaFlex® Milled Morning Aligner</b></p> <p><small>A DynaFlex® exclusive Milled Acrylic Morning Repositioner. <b>Click To Learn More</b></small></p> |
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**COMMENTS**

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|                     |                  |                   |
|---------------------|------------------|-------------------|
| <b>PHONE NUMBER</b> | <b>SIGNATURE</b> | <b>PRINT NAME</b> |
|---------------------|------------------|-------------------|