



True Function Laboratory

RX Order Form

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Date: _____ Due Date: _____ (By 5pm)
Doctor: _____ Practice: _____
Patient: _____
Address: _____ City: _____
State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____ Text: _____

TRUESPLINT

DAY APPLIANCE

- Day Appliance
- Compact Day
- Full Coverage Day
- Thermoformed Day
- Pivot Appliance

NIGHT APPLIANCE

- Anterior Deprogrammer
- Farrar
- Farrar with hole in Ramp
- Anti-Clenching Appliance
- Monoblock
- CR Splint
- Flat Plane Splint
- MIRA
- Night Appliance with Ramp

OCCLUSAL GUARDS

- Day Guard
- Night Guard

NIGHT ONLY
Anterior Guidance Option (Select one)

- Shallow (Standard)
- Steep
- No guidance (flat)

Day Arch* (Select one, if applicable)

- Maxillary
- Mandibular

Day Material Option* (Select one)

- Milled PMMA
- Milled Acetal
- True Comfort (Dual Laminate)
- Acrylic
- Thermoformed
- Thermoplastic

Day Occlusal Scheme (Select one)

- Standard Indexing
- Deep Indexing
- Light Indexing
- Flat Plane

Night Arch* (Select one, if applicable)

- Maxillary
- Mandibular

Night Material Option* (Select one)

- Milled PMMA
- Milled Acetal
- True Comfort (Dual Laminate)
- Acrylic
- Thermoformed
- Thermoplastic

Night Occlusal Scheme (Select one)

- Standard Indexing
- Deep Indexing
- Light Indexing
- Flat Plane

Material Option* (Select one)

- Milled PMMA
- Milled Acetal
- True Comfort (Dual Laminate)
- Acrylic
- Thermoformed
- Thermoplastic

TRUESLEEP

- TrueDorsal
- TrueHerbst
- EMA Custom*
- EMA Milled Blue Thermoplastic*
- OASYS Hinge
- DreamTAP
- TAP3
- FlexTAP
- Panthera SDAD and X3 (Use Panthera Order Form)
- Milled Morning Aligner

EXTRAS

- AM Aligner Single
- AM Aligner 10 Pack
- TF Morning Positioner 10 Pack
- AM Bite Tabs 10 Pack
- George Guage Kit
- GG Bite Forks 2mm Large
- GG Bite Forks 2MM Small
- GG Bite Forks 5mm Large
- GG Bite Forks 5mm Small
- EMA Straps
- Color: _____ Size: _____
- QuickSplint 12 Pack

*Certain options not available for all devices. Refer to catalog for available options
<https://www.truefunction.com/client-resources/>

Material Option (Select one)

- Milled PMMA
- Milled Acetal (TrueDorsal Only)
- True Comfort (Dual Laminate)
- Acrylic
- Thermoformed

Options/Additions

- Elastic Hooks
- Ball Clasps
- Discluding Element
- Mesh Re-Reinforcement
- Thermacryl
- Other _____

OTHER APPLIANCES

- Essix Slider **Arch** (Select one)
- Essix Retainer Maxillary
- Palatal Stent Mandibular
- Hawley Retainer

SUPPLIES:

- Lab Slips/RX's
- Boxes
- Other: _____

ENCLOSED

- Impressions
- Bite Registration
- Physical Models
- Digital Scans Sent
via: _____
- Digital Bite Sent
Other: _____

NOTES:

- Call Doctor
- Make to Doctor Preferences
- Ok to raise vertical as needed for minimum thickness

Signature: _____

License #: _____

TRUE FUNCTION LABORATORY, INC. LIMITED WARRANTY AND DISCLAIMER

True Function Laboratory, Inc. guarantees that devices are constructed to your prescription and specification, will fit the working model provided or the working model created from the impression provided (including digital), and be free of defects in materials and craftsmanship. If any of our products fail to conform to our warranty, True Function will repair or replace the product, at the lab's discretion. Repaired and replacement products will be covered for the remainder of the original warranty period.

Due to factors out of our control, such as distorted models or impressions, we can only guarantee our fabrication technique and the materials used. Warranty coverage is only in effect with the receipt of the original appliance, original models and/or impressions, and bite registration (if used in original manufacture of the device). All returns will be reviewed for warranty coverage upon receipt of the appliance along with the original models and/or impressions.

Patient should not wear an appliance if it is ill-fitting, broken or has a suspected defect.

Our goal is to repair or remake the device to the original prescription and design. If an office returns a case the following items are required:

1. Original device
2. Original models or impressions
3. Original bite registration
4. New model or impression of arch device was made to and new opposing model if possible, distortion contributed to the device not fitting properly
5. New bite registration (if the bite is an issue)

In order to determine warranty, the original appliance is required at time of the warranty request. If a new appliance is ordered during the evaluation of the defective appliance, there will be a full charge for the replacement appliance.

True Function shall not be liable for any defects that are caused by neglect, misuse, or mistreatment of its products by any third party or for any product that has been altered or modified in any way by any entity other than True Function Laboratory, Inc.

WARRANTY PERIOD FOR INDIVIDUAL APPLIANCES

Appliance	Warranty Period (in months)
Essix Retainer	6
TMJ Splints	6
Passive Orthodontic Retainer (Except Essix)	12
Night Guard / True Comfort*	12
Night Guard / Thermoplastic*	12
Night Guard / PMMA*	24
Night Guard / Acetal*	24
Night Guard / Acrylic - Premium*	24
EMA	12
Oasys Hinge Appliance	24
Panthera DSAD / X3	36
Tap 3/ dreamTAP	36
TrueHerbst	36
TrueDorsal	36

*Warranty excludes the occlusal surface due to forces out of our control. These warranties apply only when the device breaks under normal use.