

FROM \_\_\_\_\_

**PLEASE SEND**

- BOXES**  
 4 3/4 x 7 1/4 x 4 LARGE   
 4 x 6 x 4 MEDIUM   
 R<sub>x</sub> FORMS   
 OTHER (List) \_\_\_\_\_

DATE CASE SENT \_\_\_\_\_

**NTI Appliance**

ADDITIONAL INSTRUCTIONS: \_\_\_\_\_

NEXT APPOINTMENT: DATE \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ AM \_\_\_\_\_  
 PM \_\_\_\_\_ TRIAL \_\_\_\_\_  
 FINISH \_\_\_\_\_

**PATIENT INFORMATION**

NAME _____	
SHADE	MOLD
BASIC FACE FORM: <input type="checkbox"/> SQUARE <input type="checkbox"/> SQUARE TAPERING <input type="checkbox"/> TAPERING <input type="checkbox"/> OVOID	AGE _____
FACIAL ASYMMETRY <input type="checkbox"/> DOMINANT RIGHT SIDE <input type="checkbox"/> DOMINANT LEFT SIDE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	VIGOROUS <input type="checkbox"/>
	MEDIUM <input type="checkbox"/>
	SOFT <input type="checkbox"/>


**Choose the NTI appliance:**

- |   |  |
|---|--|
| <input type="checkbox"/> NTI-tss Plus™ Nighttime<br>(Anterior - Posterior Discluding Element) | <input type="checkbox"/> NTI-tss Plus™ Migraine Therapy<br>(NTI-tss Plus and NTI-tss Plus Daytime) |
| <input type="checkbox"/> NTI-tss Plus™ Daytime<br>(Anterior Point, Stop)                      | <input type="checkbox"/> NTI-tss Plus™ Universal Therapy<br>(NTI-tss Plus + Opposing Slidebar)     |
| <input type="checkbox"/> NTI-tss Plus™ Extended Coverage<br>(From _____ to _____)             | <input type="checkbox"/> NTI-tss Plus™ + Soft<br>(must be extended 2nd bi - 2nd bi)                |

**Choose the arch:**

- Upper     Lower (lab default)  
 Lab Choice

**Measurements:**

- Maximum Protrusive  
 Measurement \_\_\_\_\_ mm 
- Leaf Gauge Measurement (vertical)  
 (triple tray is used or if patient has 3rd molar)

FDA: The NTI-tss protocol is approved for the Prevention of Medically Diagnosed Migraine Pain and Jaw Disorders through the reduction of trigeminally innervated muscular activity.

Enclose full arch models or VPS Impressions

Signature \_\_\_\_\_ D.D.S.

License No. \_\_\_\_\_