



COMMUNICATION CENTER

AOA Wisconsin
13931 Spring Street
Sturtevant, WI 53177

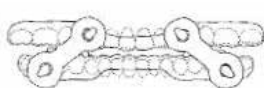
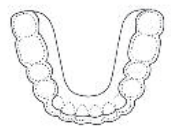
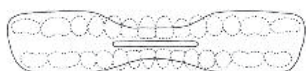
Phone: 1-800-262-5221
Fax: 262-886-6879
International: 262-886-1050

☐ **Breathe Easy™ - ASA**
☐ All Soft silicone ☐ Upper only
Single piece appliance that engages both the upper and lower arches. Smooth hard out surface combined with soft retentive inner layer.

Note: Construction bite required.

☐ **Breathe Easy™ - EMA**
Upper and lower appliances pressure formed and attached with removable elastic straps. A kit of straps in incremental lengths and firmness are returned with the appliance.

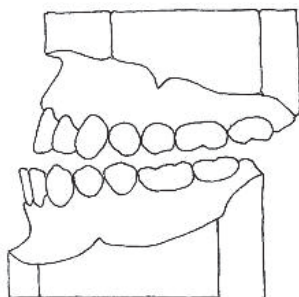
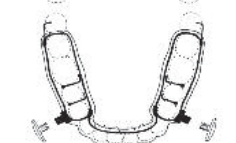
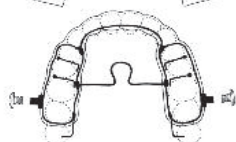
Note: Construction bite not required.



☐ **Breathe Easy™ - Herbst**
Upper and lower processed acrylic combined with Herbst appliance. Adjustable by using standard Herbst advancement spacers.

Note: Construction bite required.

Construction Bite Notes
Illustration of construction bite relationship. Patients will vary based on individual needs. Remember to check the midline relationship. These appliances are not intended to correct midlines.



Breathe Easy™ Rx

Dr. _____

Address _____

City, State, Zip _____

Patient _____

Tel # _____ Fax # _____

E-Mail _____

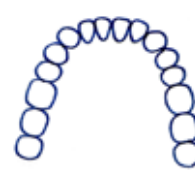
Shipped _____ Placement Date _____

(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)
PLEASE WRITE SPECIAL INSTRUCTIONS

INDICATE DENTAL MIDLINES



R UPPER L



L LOWER R

Appliance designs are fundamentally represented on this Rx form. Patients may require modifications to the designs based on individual specific needs.

PLEASE SHIP EXTRA:

- ☐ PRE-PAID BAGS
☐ SHIPPING BOXES
☐ PRESCRIPTION SHEETS

Laboratory Use Only

SPL _____

WLSN _____

WOOD _____

GRUM _____

COLOR _____

AUX _____

AUX _____

POST _____

RECEIVING

OPEN _____

ID _____

DATE _____

ENTER _____

PULL _____

STAPLE _____

SHIPPING

PULL _____

LAYOUT _____

PACK _____

SHIP _____

CHECK _____