



SALEM DENTAL LABORATORY

3873 Rocky Road Drive • Cleveland, OH 44111

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Doctor _____ Date _____

Address _____ Phone _____

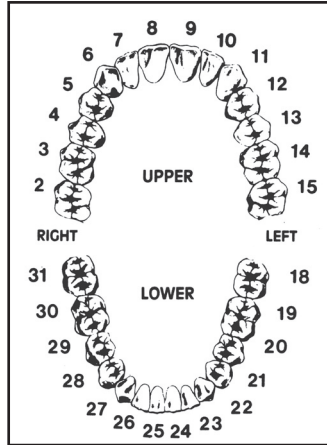
Patient Name _____ Case Due Date _____

Patient Age _____ Male [] Female []

Please Design Case Here

Choose the NTI appliance:

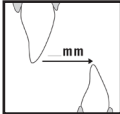
- NTI-tss Plus™ Nighttime
(Anterior - Posterior Discluding Element)
- NTI-tss Plus™ Daytime
(Anterior Point, Stop)
- NTI-tss Plus™ Extended Coverage
(From _____ to _____)
- NTI-tss Plus™ Migraine Therapy Set
(NTI-tss Plus and NTI-tss Plus Daytime)
- NTI-tss Plus™ Universal Therapy Set
(NTI-tss Plus + Opposing Slidebar)
- NTI-tss Plus™ + Soft
(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)

Please send:

- NTI Rx
- Salem Lab RX
- Case boxes

Enclose full arch silicone impressions or full arch models and a bite

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.

Comments: _____

Fees subject to change without notice. Statements past 60 days may be subject to a 2% finance charge

Dr. Signature _____ License # _____