



NTI Prescription Form - please include DAL Prescription form with doctor information

Dr. Name: _____

Patient Name: _____ Case No: _____

NTI-tss Plus

To get the optimal fit and retention the lab prefers **full-arch Vinyl Polysiloxane impression, models poured** and the **maximum protrusive measurement**.

1. Choose the appliance:

- a. _____ NTI-tss Plus Nighttime (anterior-posterior discluding element)
- b. _____ NTI-tss Plus Daytime (anterior point stop)
- c. _____ NTI-tss Plus Extended Coverage From _____ to _____;
_____ Full Coverage
- d. _____ NTI-tss Plus Migraine Therapy Set (NTI-tss Plus & NTI-tss Plus Daytime)
- e. _____ NTI-tss Plus Universal Therapy Set (NTI-tss Plus & opposing Universal Slide Bar)
- f. _____ NTI-tss Plus Soft (soft inner liner, hard outer shell)
- g. _____ NTI-tss Plus Soft Migraine Therapy Set (see above)
- h. _____ NTI-tss Plus Soft Universal Therapy Set (see above)

2. Choose the arch:

- a. _____ Upper arch
- b. _____ Lower arch
- c. _____ Lab Choice

3. Measurements:

- a. _____ mm Maximum Protrusive Measurement
- b. _____ Leaf Gauge Measurement (vertical) *only if triple tray used*

Additional Information:
