





# KD Night Appliances

*Professional Tongue and Mandibular Positioners  
for the treatment of Snoring and OSA*

<p>Doctor _____ Address _____ City, State _____ Zip _____ Telephone (    ) _____ Patient's Name _____ Date Shipped by Doctor _____ PATIENT APPOINTMENT DATE _____</p>	<p>Special Instructions: _____ _____ _____ _____ _____</p>
<p><input type="checkbox"/> PLEASE CALL ME ABOUT THIS CASE!</p>	<p>_____ Doctor's Signature <span style="float: right;">License No.</span></p>
<p><b>Tongue Retaining Device (TRD)</b> Tongue Compartment Size</p> <p><input type="checkbox"/> Small                      <input type="checkbox"/> Large <input type="checkbox"/> Medium                      <input type="checkbox"/> Extra Large</p> <p><input type="checkbox"/> STANDARD MODEL <input type="checkbox"/> AIRWAY TUBE MODEL <small>(For patients with compromised nasal airway patency)</small></p> <p><input type="checkbox"/> LARGE TUBE DIAMETER  <input type="checkbox"/> SMALL TUBE DIAMETER </p>	<p><input type="checkbox"/> Mandibular Advancing Positioner <input type="checkbox"/> Air Holes</p> <p><input type="checkbox"/> Vinyl Night Guard <input type="checkbox"/> Invisible Retainer <input type="checkbox"/> Upper Arch <input type="checkbox"/> Lower Arch</p>