



# D.H. Baker

## Dental Laboratory

SPECIALIZING IN CROWN AND BRIDGE, COSMETIC, AND IMPLANT DENTISTRY  
 2531 Aero Park Dr., Traverse City, MI 49686 • 1-800-946-8880

DATE \_\_\_\_\_  
 DR. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRINT PATIENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ M F  
 RETURN DATE \_\_\_\_\_ SEAT DATE \_\_\_\_\_



(Made from Thermoplastic Clear 450)

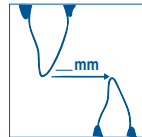
- NTI-tss Plus™ Nighttime (anterior-posterior discluding element)  
*The most prescribed NTI design.*
- NTI-tss Plus™ Daytime (anterior point stop)
- NTI-tss Plus™ Extended Coverage
- NTI-tss Plus™ Migraine Therapy Set  
(NTI-tss Plus™ & NTI-tss Plus™ Daytime)
- Lab To Make Choice

**Choose the Arch:**

- Upper       Lower       Lab Choice

**Measurements:**

- Maximum Protrusive Measurement
- Leaf Gauge Measurement (vertical)  
(required only if triple tray used)



Personal Signature of Dentist \_\_\_\_\_

Dentist License # \_\_\_\_\_

**PLEASE SEND:**       PRESCRIPTIONS       BOXES       MAILING LABELS       BAGS

WHITE/YELLOW: LAB COPY      PINK: DOCTOR COPY