



RX FORM

Today's Date: _____

Mail / Email to:
OravanOSA
7863 La Mesa Blvd, Suite 204
La Mesa, CA 91942
Email: info@apexsleep.com

Patient's Name: _____

Doctor's Name: _____

Shipping Address: _____

City: _____

State: _____

Zip: _____

Office Phone: _____

Office Fax: _____

Office Email: _____

Doctor's License #: _____

Doctor's Signature: _____

Requested Due Date: _____

Checklist

Upper and Lower Arches (please indicate your method of choice)

- ☐ PVS Impressions (must be mailed)
- ☐ Stone models (must be mailed)
- ☐ Digital scans - STL files (email to info@oravanosa.com)
- ☐ Bite Registration (must be mailed)
- ☐ Payment Form (mail/email/fax)

Special Instructions:

Appliance

Oravan™

- ☐ 90 degree wings ☐ With ball clasps
- ☐ Angled wings ☐ No ball clasps

Optional Extras

- ☐ Elastic hooks
- ☐ Labial bows

Oravan™ Herbst

- ☐ With ball clasps
- ☐ No ball clasps

Optional Extras

- ☐ Elastic hooks
- ☐ Labial bows