



**SOL**  
*Simply Ortho Lab*

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ABN: 52 356 841 633

Dentist:  
Address:  
Phone:

DATE / TIME DUE:

**SPLINT LAB SHEET**

PATIENT NAME:

**Circle:**            Upper                    Lower                    NiteFind Strip

**Circle NiteFind Strip Colour:**    Cream                    Pink                    Blue

**Circle:**    Soft Bite    Standard Hard/Soft    Hard/Hard    NTI    MCI    ClearSplint

**Circle Canine Guidance:**                    Y                    N

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Dentist Signature \_\_\_\_\_