**General Oclusal Splint Information**

Please note: The following information generally applies. If you notice an issue with which you disagree, please call to discuss. Only licensed dentists are authorized to prescribe work.

Our technician has constructed your patient’s occlusal splint as closely to your requirements as possible. However, it may still be necessary for you to fit, equilibrate, and monitor the splint.

**Fitting**

Test the retention. If too tight, acrylic may be removed with a laboratory carbide bur from the undercut areas around the teeth until the splint seats fully yet is adequately retentive. Should the splint rock or does not seat despite adjustment, new impressions may need to be taken, model-work completed, and a new splint made.

**Equilibrating**

Equilibrating requires very thin red and blue articulating paper held taut in Miller’s Forceps. Adjustments can be made with a larger “E” type cutter, such as the Brasseler H351E.11.060 Carbide Cutter or any other cutter with which you are comfortable.

**Opposing Oclusal Contacts:** First, with the splint in place and using the red articulating paper, check that upon closure, the splint is providing contact with the opposing cusp tips/incisal edges as prescribed. If necessary, remove the splint and equilibrate. Repeat until all required marks are observed.

**Lateral and Protrusive Excursion:** Next, while providing light guidance to the patient’s chin, ask the patient to “rub forward and backward” on the blue articulating paper and see if the splint is providing the necessary guidance marks on the splint. Remove splint and lightly adjust until all protrusive marks come into view. Again, while providing guidance to the patient’s chin, do the same with the lateral excursions. It is important that no posterior cusp tips make contact during lateral and protrusive excursion.

**Monitoring Splint Therapy**

The patient with a new splint may be reviewed every 7 days for adjustments (re-equilibration) of the splint. When the bite has remained stable, that is, if no adjustments have been made for 2 appointments, thereafter the splint should be re-equilibrated as needed.

**Patients Needing Immediate Pain Relief**

A patient may come to you needing immediate relief from TMD pain. For such a patient, an immediate appliance may need to be made by you until a full coverage splint is made. The immediate anterior depogrammer type appliance kit is available for you to keep on hand.*

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### Occlusal Splint Fabrication Guide

Please mark the following listed choices. Your choices will help guide the technician in the fabrication of your splint. If a choice is left unmarked, the splint will be constructed using that “Standard” choice.

**This full arch splint is being prescribed to:**

- [ ] Promote relaxation for jaw muscles with stress related pain symptoms
- [ ] Protect oral tissues, including teeth
- [ ] Protect new restorations
- [ ] Stabilize occlusion
- [ ] Eliminate the effects of occlusal interferences
- [ ] Test the effect of occlusal changes before extensive restorative treatment
- [ ] Help diagnose a TMD situation
- [ ] Create space before restoring worn teeth

**This full arch splint is to be constructed from:**

- [ ] Clear hard-acrylic bonded to a vacuum-formed, 1.5mm Clear Biocryl Splint Material layer (Rigid) (Standard)
- [ ] CLEARSplint Flex Material Only (Self adjusting when warmed)
- [ ] Please Call Me About Material

**This full arch splint is to be constructed on the:**

- [ ] Maxillary Arch (Standard)
- [ ] Mandibular Arch
- [ ] Please Call Me About Arch

**This splint is to be fabricated to the:**

- [ ] Average Vertical Dimension (Standard)
- [ ] Enclosed Vertical Bite Registration Dimension
- [ ] Please Call Me About Vertical Dimension

**Upon closure, this splint is to provide contact with the opposing (Mark all that apply):**

- [ ] Posterior Cusp Tips (Standard)
- [ ] Anterior Incisal Edges
- [ ] Canine Cusp Tips
- [ ] Please call me about which contacts to provide

**During lateral and protrusive excursion, this splint is to disclude on:**

- [ ] All Four Anteriors and Both Canines if Possible (Standard)
- [ ] The Canines Only
- [ ] The Centrals Only
- [ ] All Four Anteriors Only
- [ ] Please call me about which teeth for disclusion

**This splint is to disclude during lateral and protrusive excursion:**

- [ ] After 1mm to 2 mm Movement (Standard)
- [ ] Immediately
- [ ] Please call me about excursion movement

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### Other Types of Guards and Trays Available

- [ ] Vacuum Formed Athletic Mouthguard
- [ ] Vacuum Formed Soft Bruxism Guard
- [ ] Vacuum Formed Hard Biocryl 1.5mm Guard
- [ ] Vacuum Formed Flexible Bleaching Trays with Reservoirs
- [ ] Please send me a Lucia Jig Kit

*Please send me a Lucia Jig Kit*