



Doctor: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Patient Name: _____

Please print clearly

Date shipped: _____	
Date due: _____	

This Fusion Custom Mask is medically necessary for my patient in order to be CPAP tolerant. This is a two stage process. Please check which stage you need completed.

- Stage one: Please fabricate Fusion Monoblock Shells (FMB) from the enclosed dental models. The FMB will be returned to you along with the face impression materials needed to complete fabrication of the Fusion Custom Mask (FCM).
\$175.00
- I DO NOT need the FMB shells but I do need the TAP Post and FCM Impression Kit. \$75.00

- Stage two: Please fabricate Fusion Custom Mask by modification of FP Opus CPAP mask from the enclosed face impression.
Note: DO NOT send shells with this order.
\$775.00

- Repair: Call for quote.
- TAP PAP CS: no. of devices _____ \$155.00 each

Special Instructions: _____

Important notice: Please call office before you proceed with fabrication or repair of device. Device needs special considerations.

Contact the lab directly if you need additional FCM parts: 715-869-6415



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