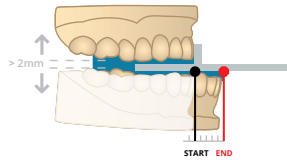# PRESCRIPTION
PANTHERA | X3
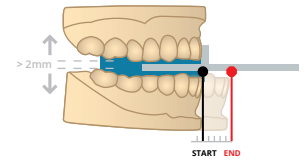
Patient: _____

Dentist: _____

License #: _____

1 TYPE OF BITE PROVIDED

☐ I will provide a bite in maximum protrusion (the appliance will be set at approximately 60% of the maximum protrusion)

> 2mm

START END

☐ I will provide a bite in the desired protrusion (the appliance will be set at the desired protrusion)

> 2mm

START END

2 VERTICAL SPACING

☐ Close or open to optimise the device

☐ Keep it, call if major changes needed

IS MANDIBULAR PROTRUSION STRAIGHT

☐ Yes

☐ No

ELASTIC NOTCHES

☐ No

☐ Yes

FRAGILE TEETH:
Tooth #: _____

CROWN AND / OR PONTIC:
Tooth #: _____

USE OPTIMAL VALUES*   ☐ No ☐ Yes   * If YES checked, skip to section 5.

3 UPPER PLATEAU

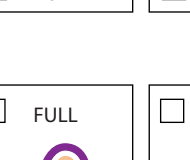☐ LATERAL   ☐ FULL   ANTERIOR

LOWER PLATEAU

☐ LATERAL   ☐ FULL

4 UPPER BAND

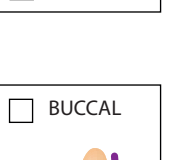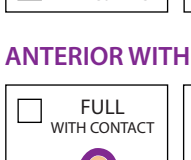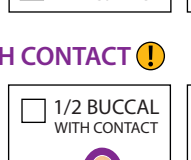☐ BUCCAL   ☐ FULL   ☐ 1/2 LINGUAL   ☐ 1/2 BUCCAL   ☐ LINGUAL

ANTERIOR WITH CONTACT ⚠️
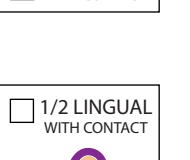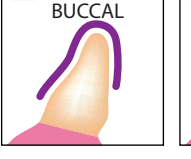
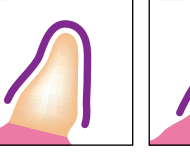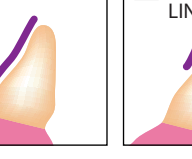☐ FULL WITH CONTACT   ☐ 1/2 LINGUAL WITH CONTACT   ☐ 1/2 BUCCAL WITH CONTACT
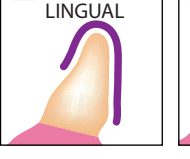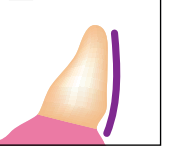
LOWER BAND

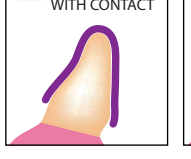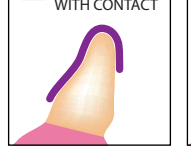☐ 1/2 BUCCAL   ☐ FULL   ☐ LINGUAL   ☐ 1/2 LINGUAL   ☐ BUCCAL

ANTERIOR WITH CONTACT ⚠️
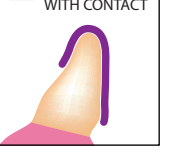
☐ FULL WITH CONTACT   ☐ 1/2 BUCCAL WITH CONTACT   ☐ 1/2 LINGUAL WITH CONTACT

5 EXTRA OPTIONS

☐ Prefer upper splint distal wrap

Do not cover 3RD molar

☐ Upper

☐ Lower

COMPOSITE BUTTON

☐ Add if needed

☐ Call me

☐ Cancel case and ship back ⛔

6 COMMENTS

_____

_____

_____

SIGNATURE

☐ Do not call me if design changes are needed.

X _____

L-047 v01, 2021-08