



PRESCRIPTION

PANTHERA CLASSIC

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)
- I will provide a bite in the desired protrusion (the appliance will be set at the desired protrusion)
- No bite will be provided (complete the information below)
 In maximum protrusion, the distance between incisors 11 and 41 end-to-end is _____ mm (the appliance will be set at approximately 60% of the maximum protrusion)
 In maximum protrusion, the midline deviation of my patient is: _____ mm to the left of the patient to the right of the patient

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*

- Non Yes

* Si vous cochez Oui, allez directement à la 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 _____