

Panthera D-SAD Prescription



(416) 630-6262 (800) 410-4392 www.klauszdentallab.com

| Dr | Date |
|---|---------------------------|
| Address | Phone |
| Patient Name | Due Date |
| Please call for consultation | |
| 1. FRAGILE TEETH | |
| Mark the teeth that could cause problems, for example: - fragile fixed prosthesis - sensitive tooth - loose tooth - tooth with root canal treatment - massive tooth filling - etc. A special care will be taken to reduce the retention on those teeth. | Decoo |
| 2. PROTRUSIVE BITE | |
| The provided bite represents the <u>maximum advancement</u> of my patient (100%) The starting rods will represent 70% of this capacity. | |
| The provided bite represents the desired advancement . The starting rods will re | present this advancement. |
| 3. VERTICAL DIMENSION | |
| Close as much as possible in order to optimize the device. Open if required. | SPECIAL INSTRUCTIONS: |
| Keep vertical dimension | |
| I authorize opening up to mm before calling | |
| Please call if any change is required | |
| 4. LATERAL DEVIATION | |
| I have not noticed any lateral deviation | |
| I have noticed a lateral deviation, produce the orthesis accordingly. | |
| 5. OTHER OPTIONS | |
| My patient suffers from bruxism | |
| Light – Moderate Severe - Bruxism rods will be included. | |
| Elastics are required for this case | |
| | |

6. PLATEAU



Standard



Upper Plateau



Full



A

Anterior





Cuspid/Bicuspid



Lower Plateau

Upper Band

7. BAND



3/4



Simple Buccal



Simple Lingual



Full







Lower Band

8. BITE REPOSITIONING APPLIANCE

Yes, I would like to have a Bite Repositioning Appliance (BRA) supplied with this Sleep Appliance.

Mark which colour you would like:



Clear



Purple



Orange



Green



Red



Yellow



Blue



ue Black

Notes:_____