



## 6. PLATEAU

Upper Plateau



Standard



Full



Anterior



Cuspid/Bicuspid



Lower Plateau

## 7. BAND

Upper Band



3/4



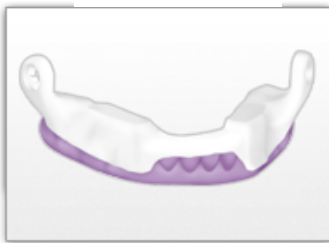
Simple Buccal



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.

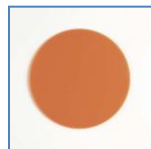
Mark which colour you would like:



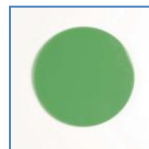
*Clear*



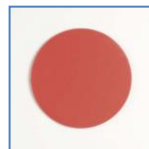
*Purple*



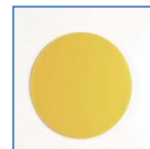
*Orange*



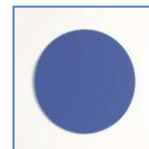
*Green*



*Red*



*Yellow*



*Blue*



*Black*

Notes: \_\_\_\_\_

Dr. Signature: \_\_\_\_\_

Date: \_\_\_\_\_