



PRESCRIPTION

D-SAD™

DIGITAL - SLEEP APNEA DEVICE

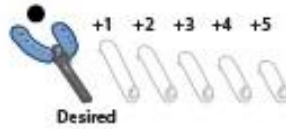
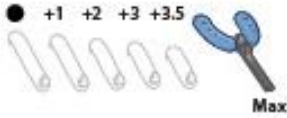
Patient: _____

Dentist: _____

License #: _____

1 TREATMENT RANGE NEEDED (● Starting point)

- Retrude 4mm with 0.5 mm step before patient's max.
 Protrude 5mm.
 Retrude 1 mm and protrude 4mm.



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.

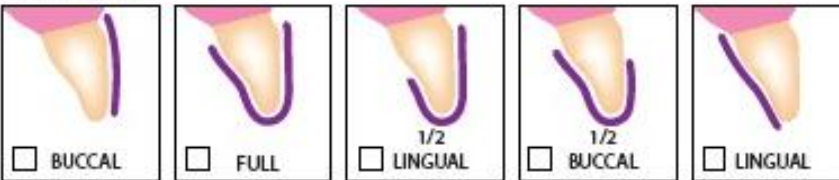
3 UPPER PLATEAU



LOWER PLATEAU



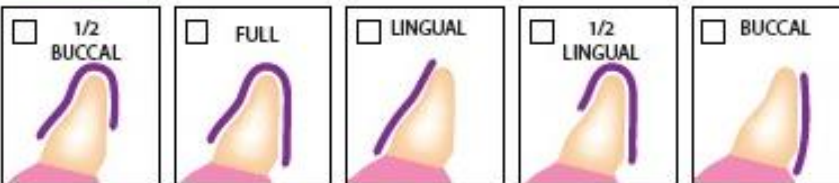
4 UPPER BAND



ANTERIOR WITH CONTACT ⚠



LOWER BAND



ANTERIOR 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 ⚠

BITE REPOSITIONING APPLIANCE



6 COMMENTS

SIGNATURE

- Do not call me if design changes are needed.

X _____