



# PRESCRIPTION

## PANTHERA | CLASSIC

Patient: \_\_\_\_\_

Dentist: \_\_\_\_\_

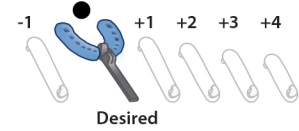
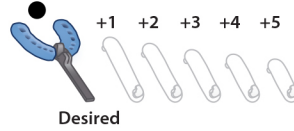
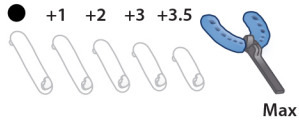
License #: \_\_\_\_\_

### 1 TREATMENT RANGE NEEDED (● Starting point)

Retrude 4mm with 0.5 mm step before patient's max.

Protrude 5mm.

Retrude 1mm 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

LATERAL



FULL



ANTERIOR



### LOWER PLATEAU

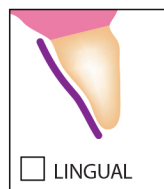
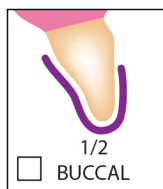
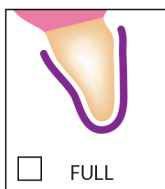
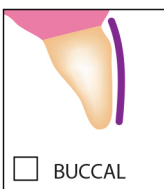
LATERAL



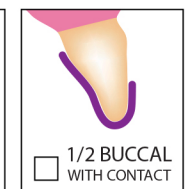
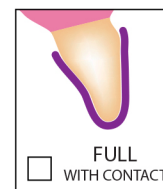
FULL



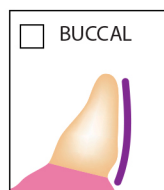
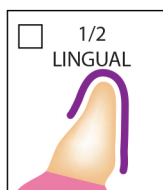
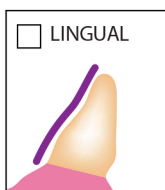
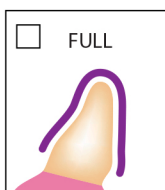
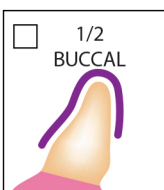
### 4 UPPER BAND



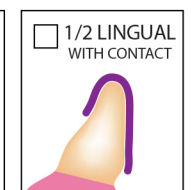
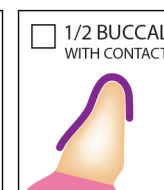
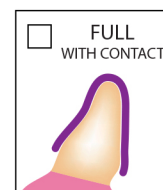
### ANTERIOR WITH CONTACT ⚠



### LOWER BAND



### ANTERIOR WITH CONTACT ⚠



### 5 EXTRA OPTIONS

- Prefer upper splint distal wrap
- Do not cover 3<sup>rd</sup> 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 \_\_\_\_\_