



PRESCRIPTION

PANTHERA | X3

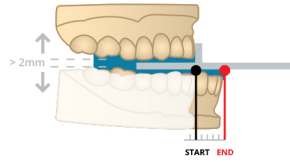
Patient: _____

Dentist: _____

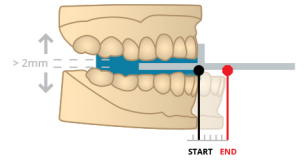
License #: _____

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)



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 #: _____

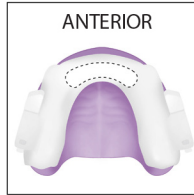
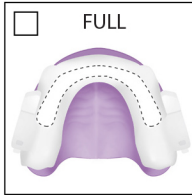
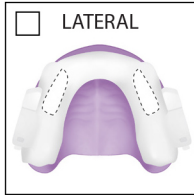
CROWN AND / OR PONTIC:

Tooth #: _____

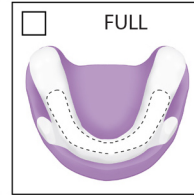
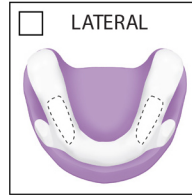
USE OPTIMAL VALUES*

No Yes * If YES checked, skip to section 5.

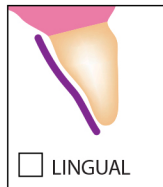
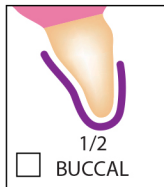
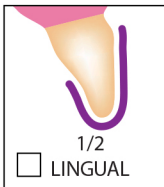
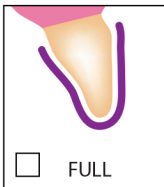
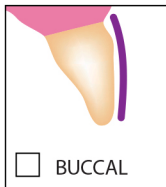
3 UPPER PLATEAU



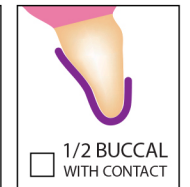
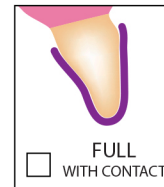
LOWER PLATEAU



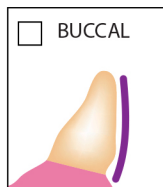
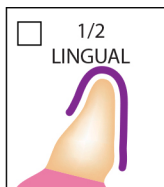
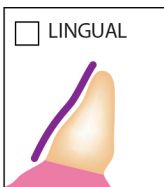
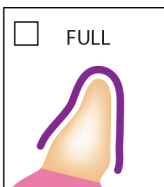
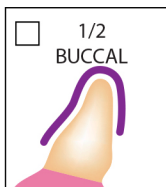
4 UPPER BAND



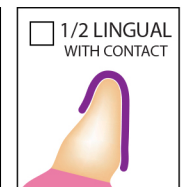
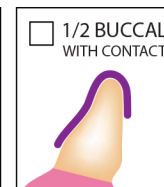
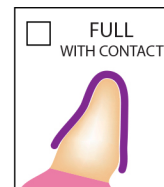
ANTERIOR WITH CONTACT !



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 !

6 COMMENTS

SIGNATURE

Do not call me if design changes are needed.

X _____