



PRESCRIPTION PANTHERA X3™

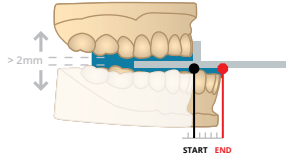
Patient: _____

Dentist: _____

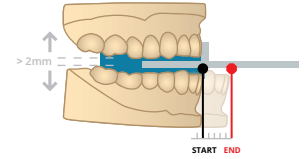
License #: _____

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 this starting point)



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

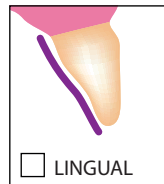
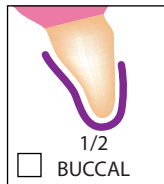
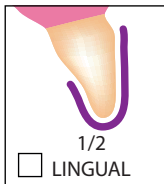
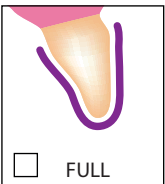
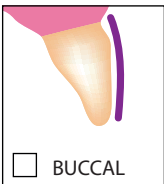
LATERAL



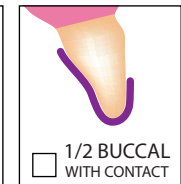
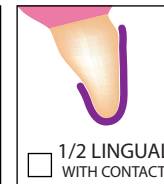
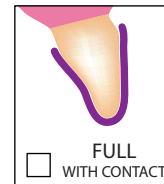
FULL



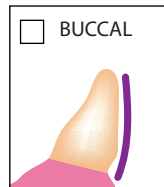
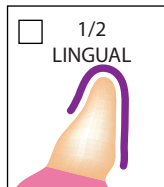
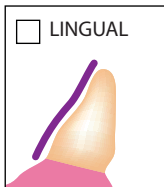
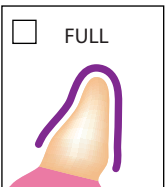
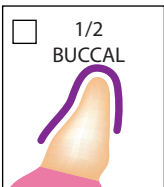
4 UPPER BAND



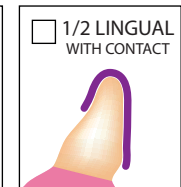
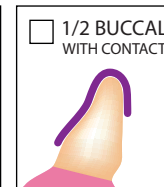
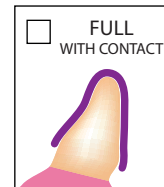
ANTERIOR WITH CONTACT !



LOWER BAND



ANTERIOR WITH CONTACT !



5 EXTRA OPTIONS

Prefer upper splint distal wrap
Do not cover 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 _____