



# PRESCRIPTION

## D-SAD™

DIGITAL - SLEEP APNEA DEVICE

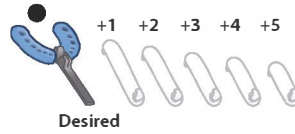
Patient: \_\_\_\_\_

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

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

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

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



- ### 2 VERTICAL SPACING
- Close or open to optimise the device  
 Keep it, call if major changes needed

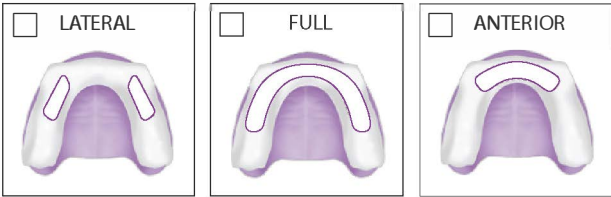
- ### IS MANDIBULAR PROTRUSION STRAIGHT
- Yes  
 No

- ### ELASTIC NOTCHES
- No  
 Yes

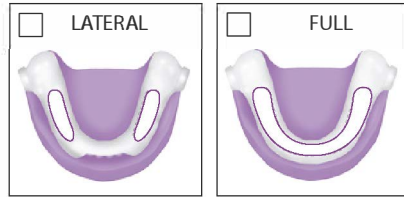
- ### FRAGILE TEETH:
- Tooth #: \_\_\_\_\_
- ### CROWN AND / OR PONTIC:
- Tooth #: \_\_\_\_\_

**USE OPTIMAL VALUES\***       No     Yes    \* If YES checked, skip to section 5.

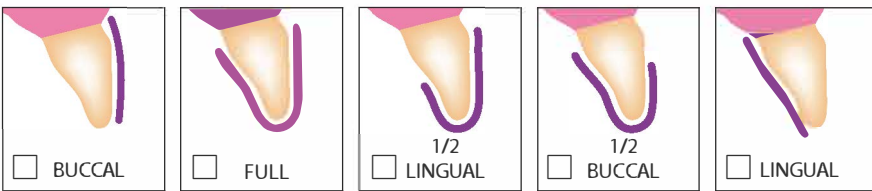
### 3 UPPER PLATEAU



### LOWER PLATEAU



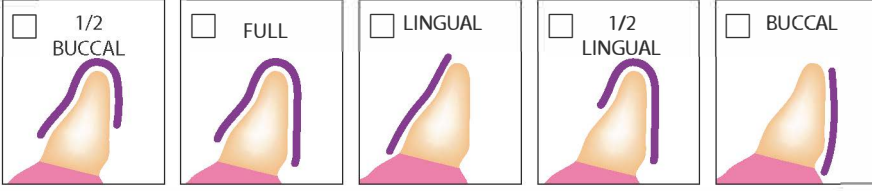
### 4 UPPER BAND



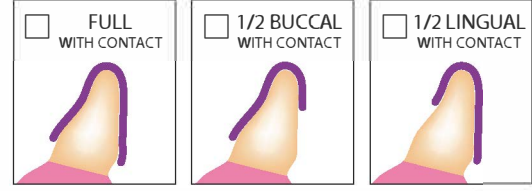
### ANTERIOR WITH CONTACT !



### 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 \_\_\_\_\_