PRESCRIPTION
PANTHERA | CLASSIC
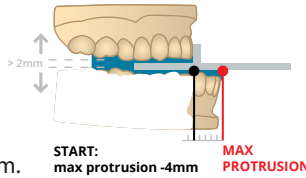
Patient ID: _____

Dentist: _____

Case identifier #: _____

1 TYPE OF BITE PROVIDED

☐ **MAXIMUM**
The appliance will be set to -4mm of the maximum protrusion to allow incremental protrusion up to the maximum. Not recommended if maximum protrusion is less than 5mm.

> 2mm

START: max protrusion -4mm   **MAX PROTRUSION**

☐ **STARTING POINT**
The appliance will be set to start at the provided bite position, to allow incremental forward movement.

> 2mm

START: provided bite position   **END**
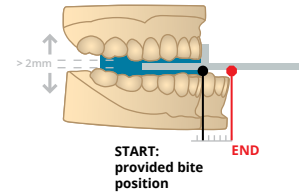
2 VERTICAL DIMENSION
☐ Close or open to optimise the device
☐ Keep it, call if major changes needed

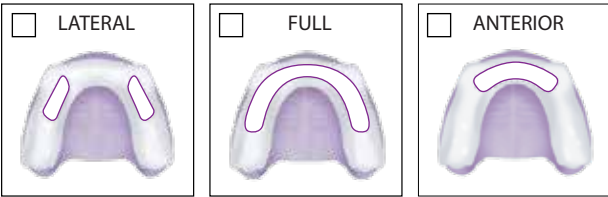**IS THERE A LATERAL DEVIATION DURING PROTRUSION ?**
☐ Yes   ☐ No

ELASTIC NOTCHES
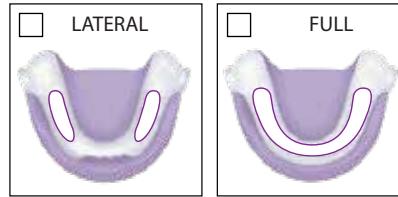☐ Yes   ☐ No

FRAGILE TEETH, CROWNS AND OR PONTICS:
Tooth #: _____

BIOMATCH (use optimal values): ☐ Yes ☐ No * If YES checked, skip to section 5.
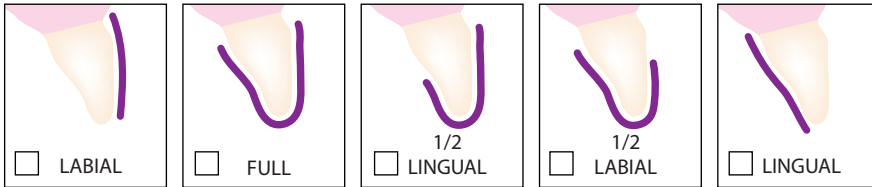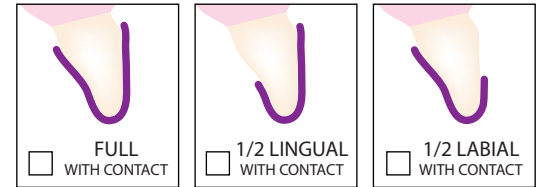
3

UPPER PLATEAU

☐ LATERAL   ☐ FULL   ☐ ANTERIOR

LOWER PLATEAU

☐ LATERAL   ☐ FULL

4

UPPER BAND

☐ LABIAL   ☐ FULL   ☐ 1/2 LINGUAL   ☐ 1/2 LABIAL   ☐ LINGUAL

ANTERIOR WITH CONTACT ⚠

☐ FULL WITH CONTACT   ☐ 1/2 LINGUAL WITH CONTACT   ☐ 1/2 LABIAL WITH CONTACT

LOWER BAND

☐ 1/2 LABIAL   ☐ FULL   ☐ LINGUAL   ☐ 1/2 LINGUAL   ☐ LABIAL

ANTERIOR WITH CONTACT ⚠
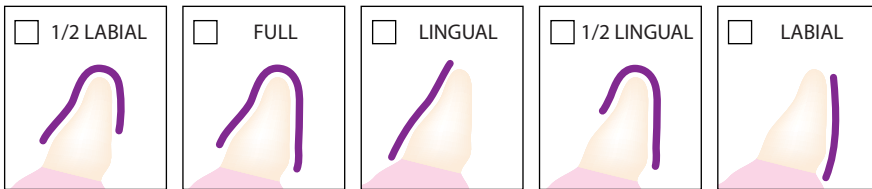
☐ FULL WITH CONTACT   ☐ 1/2 LABIAL WITH CONTACT   ☐ 1/2 LINGUAL WITH CONTACT
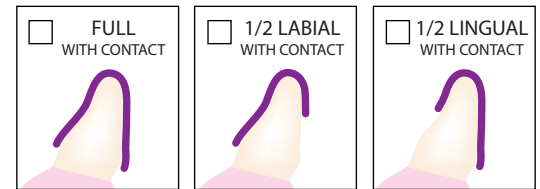
5 EXTRA OPTIONS
☐ Prefer distal wrap

Do not cover 3RD molars
☐ Upper
☐ Lower

☐ Add a Panthera morning repositioner (additional cost)

6 COMMENTS
_____
_____

SIGNATURE
☐ Do not call me if design changes are needed.

X _____

VER0424