

## PRESCRIPTION 3-5∆D™

Patient:			
Dentist:			
License #:	:		

	PANTHERA	DIGITAL - SLEEP APNEA DEVICE			License #:			
1	TREATMENT RANGE NEEDED  Retrude 4mm with 0.5 mm patient's max.		☐ Protrud	e 5mm.	F	Retrude 1mm and	l protrude 4mm.	
	+1 +2 +3 +3.5 Max		+1 Desired	+2 +3 +4 +5	-1	+1 +2 +3 Desired	+4	
2	VERTICAL SPACING  ☐ Close or open to optimise the device ☐ Keep it, call if major changes needed	IS MANDIBUL PROTRUSION  Yes  No		ELASTIC N  No Yes	NOTCHES	FRAGILE TEET Tooth #: CROWN AND / Tooth #:		
	USE OPTIMAL	. VALUES*		No □Yes	* If YES chec	ked, skip to	section 5.	
3	UPPER PLATEAU  LATERAL  FULL	ANTERIO		LATERAL	FULL			
Л	UPPER BAND			ANTERIOR WITH CONTACT (				
4	□ BUCCAL □ FULL	1/2  □ LINGUAL	1/2 BUCCAL	LINGUAL	FULL WITH CONTACT	1/2 LINGUAL WITH CONTACT	1/2 BUCCAL WITH CONTACT	
	LOWER BAND				ANTERIOR WI	TH CONTACT (		
	1/2 BUCCAL FULL	LINGUAL	1/2 LINGUAL	BUCCAL	FULL WITH CONTACT	1/2 BUCCAL WITH CONTACT	1/2 LINGUAL WITH CONTACT	
5	EXTRA OPTIONS  Prefer upper splint distal w Do not cover 3 <sup>RD</sup> molar  Upper Lower	rap		MPOSITE BUTTO Add if needed Call me Cancel case and				
6	COMMENTS				□ Do not call ma	SIGNATURE	as are needed	
						in design change	.s are riceueu.	

X