

PLEASE PRINT

Account # LO PO # _____

BILLING PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

DOCTOR: _____

ADDRESS: _____
(Specify if ship to address is different)

ADDRESS CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

FAX: (____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

DATE SHIPPED: _____

DATE DUE: _____

1 day before appointment

LAB USE ONLY Incoming # cases 1 2 3 4 5+

Customer Used: GLO Acct 2 Day On Call

Portal Upload - No Frt (99) Cust Acct - No Frt (99)

Disinfected 0 1 2 3 4 5 6 7 8 9

Rcvd: _____

B# _____ Via: _____

QC: _____ LPD/Shp: _____

Needs DD Call Rec: _____

NO BITE / MDL - B / C Source: _____

Align ID# _____ Dig ID# _____

Please Provide: Boxes Labels Rx (specify appl type): _____ Qty: _____

IMPORTANT! With physical stone model orders, your original models and bite registration will be discarded. New printed models will be returned.

The **D-SAD Dental-Sleep Apnea Device** is a CAD/CAM appliance recommended for snoring, mild to moderate sleep apnea if CPAP is refused, or alternately with CPAP.

Comfortable fitting with durability in the connecting arms for normal wear, light to moderate bruxism, or severe bruxism habits.

Warranty voided with dental changes, damaged outside of normal wear, abuse or misuse.

Protrusive Bite:

Bite represents the **maximum advancement** of my patient (100%). The starting rods will represent 70% of this capacity.

The provided bite represents the **desired advancement**. The starting rods will represent this advancement.

Vertical Dimension: minimum 4mm VDO measured in bi-cuspid area or where occlusal pads contact, maximum VDO is 12mm:

- Close or open to optimize the device
- Keep vertical dimension, call if changes needed

Lateral Deviation in Protrusive Bite:

- None - The midline in protrusive is the same as MI
- Yes - Lateral deviation in protrusive bite is correct _____mm Patient- left right

Cover Third Molar:

- No
- Yes
- Half

Rod Size Preference:

- 1mm Increments
- .5mm Increments

Elastics:

- None
- Yes

Bruxism:

- None
- Light - Moderate
- Severe

If retention is an issue:

Design Change

Composite Buttons

- Call if Needed
- Ok to Change
- Call if Needed
- Ok to Add

Check to use optimal values

If checked, Panthera will determine the best design according to patient's natural configuration

UPPER PLATE Check one

<input type="checkbox"/> STANDARD RECOMMENDED	<input type="checkbox"/> FULL 	<input type="checkbox"/> ANTERIOR
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WIDTH
 Central only
 Lateral to lateral
 Canine to canine

LOWER PLATE Check one

<input type="checkbox"/> STANDARD RECOMMENDED	<input type="checkbox"/> FULL RECOMMENDED	<input type="checkbox"/> ANTERIOR
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UPPER BAND Check one

<input type="checkbox"/> SIMPLE BUCCAL RECOMMENDED	<input type="checkbox"/> SIMPLE LINGUAL 	<input type="checkbox"/> 3/4 	<input type="checkbox"/> FULL
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LOWER BAND Check one

<input type="checkbox"/> 3/4 RECOMMENDED	<input type="checkbox"/> SIMPLE LINGUAL 	<input type="checkbox"/> SIMPLE BUCCAL 	<input type="checkbox"/> FULL
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IDENTIFY DENTAL CONCERNS (with an X over the tooth) Special care will be taken to reduce the retention on those teeth, for example:

- Implant(s) • Crown(s) • Bridge(s) • Fragile Fixed Prosthesis • Sensitive Teeth
- Tooth with Root Canal Treatment • Massive Tooth Filling

License #: _____
Dr. Signature: _____

Master Rx on File # _____

Special Instructions: _____

