

PLEASE PRINT

Account # LO PO # _____

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

DOCTOR: _____

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

ADDRESS CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

FAX: (____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

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

LAB USE ONLY Incoming # cases _____

Customer Used: GLO Acct 2 Day On Call

Portal Upload - No Frt (00) Cust Acct - No Frt (00)

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# _____

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

The X3™ Dorsal Fin Sleep Apnea Device is a CAD/CAM appliance recommended for snoring, mild to moderate sleep apnea if CPAP is refused, or alternately with CPAP.

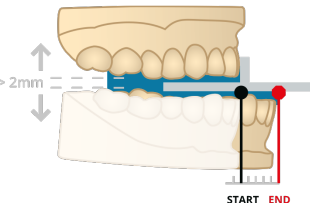
Comfortable fitting, durable, includes additional advancement clips and suitable for bruxism habits.

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

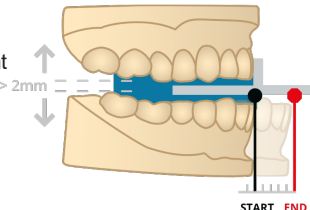
Type of Bite Provided:

****STANDARD- 1mm retrusion with 5mm advancement provided in appliance**

Bite represents the maximum advancement of my patient (100%). The starting rods will represent 60% of this capacity.



I will provide a bite in the desired advancement (the appliance will be set at this starting point).



Vertical Dimension:

minimum 4mm anterior, 2mm posterior:

- 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

Elastics:

- None
- Yes

Distal Wrap Terminal Molar:

- Upper
- Lower

License #: _____

Dr. Signature: _____

Master Rx on File # _____

Special Instructions: _____

If retention is an issue:

Design Change

Call if Needed Ok to Change

Composite Buttons

Call if Needed Ok to Add No- Cancel Order

Check to use optimal values

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

UPPER PLATE Check one

LATERAL



RECOMMENDED

FULL



ANTERIOR



LOWER PLATE Check one

LATERAL



RECOMMENDED

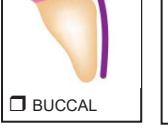
FULL



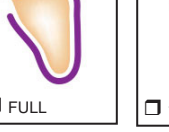
RECOMMENDED

UPPER BAND Check one

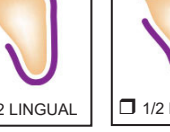
BUCCAL



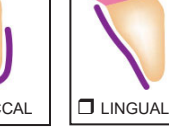
FULL



1/2 LINGUAL



1/2 BUCCAL



LINGUAL



RECOMMENDED

ANTERIOR WITH CONTACT

FULL WITH CONTACT



1/2 LINGUAL WITH CONTACT

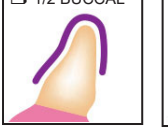


1/2 BUCCAL WITH CONTACT

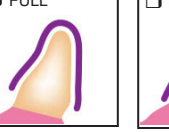


LOWER BAND Check one

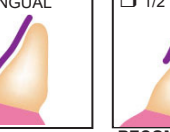
1/2 BUCCAL



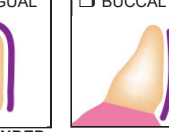
FULL



LINGUAL



1/2 LINGUAL



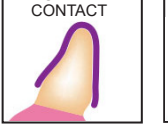
BUCCAL



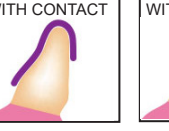
RECOMMENDED

ANTERIOR WITH CONTACT

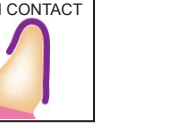
FULL WITH CONTACT



1/2 BUCCAL WITH CONTACT



1/2 LINGUAL WITH CONTACT



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

