



## HOW TO FILL THE PRESCRIPTION AND RECOMMENDATIONS

Terms in **Black Bold** are defined in the glossary. **Purple** indicates choices recommended by Panthera Dental appliance specialists. **Red** indicates warning messages.

Patient: [Insert patient complete name]

Dentist: [Insert your name here]

Licence#: [Insert your licence practice number here]

### SECTION 1

#### TREATMENT RANGE NEEDED (Starting Point ● )

The ( ● ) on the pictures represents which rods your appliance will be delivered with in relation to your provided **Bite**. For each choice, 6 pairs of rods will be provided as seen on the pictures. More rods are available upon request, for an extra fee.

#### RETRUDE 4mm with 0.5mm step before patient's max

By selecting this option, your appliance will be optimized to start patient treatment 4mm behind your **Bite**. Other levels of protrusion can be achieved but, in rare situation, can be limited.

#### PROTRUDE 5mm

Select this option if you are certain to only require protrusion from your Bite and if you do not require retrusion.

#### RETRUDE 1mm and Protude 4mm

Select this option if you want your appliance design to allow protrusion starting from your Bite but also a possibility to retrude a little from it.

#### VERTICAL SPACING

##### Close or open to optimise the device:

By selecting this option, the design team will either close or open the **Bite** to make the appliance fit and work in your patient's mouth. The team will always keep the **Bite** as closed as possible and will open only if there is no room to insert the appliance. **(The minimal Vertical Spacing required is approximately 3-4 mm)**

##### Keep it, call if major changes needed:

Select this option if you want your **Bite** to stay the same. In situations where the appliance cannot be inserted, the design team will open up to 2mm without any notice. If 3mm+ is needed, Panthera will contact you prior to designing the appliance.



### Is Mandibular Protrusion Straight?

**YES:** Select this option if you have not witnessed an alteration of the **Upper Dental Midline** projection localisation on the lower incisor during the protrusion of the mandibula.

**NO:** Select this option if you have witnessed a change of the **Upper Dental Midline** projection localisation on the lower incisor during the protrusion of the mandibula.

## SECTION 2

### Elastic Notches

**No:** Select this option if you do not want **Elastic Notches** on your appliance

**Yes:** Select this option if you want **Elastic Notches** to be made on your appliance. The notches will be placed on the lower **Splint**, orthodontic **Elastics** (latex rubber 5/16" x 4.5 oz) will be provided with the device.

**Fragile Teeth:** Write down all teeth that are fragile. We will try to minimize retention on those teeth.

**Crown and/or Pontic:** Write down all teeth numbers of your patient's crowns, bridges, pontics and any other buccal restorations. If **Composite Buttons** are needed, we will avoid putting them on these restorations.

### Optimal Values:

**NO:** Use this option if you want to select your preferred options and fill section 3 to 5.

**YES:** Select this option if you want the Panthera Design Team to make the optimal appliance according to available retention. The device will be made as small and as comfortable as possible. (Recommended by Panthera) (Skip to section 5 and sign the prescription at the bottom)

## SECTION 3

### Upper Plateau

**Lateral:** Select this option for a **Lateral Plateau**. (Recommended for upper **Splint** if retention allows for it)

**Full:** Select this option for a **Full Plateau**. The **Full Plateau** creates a better resistance to torsion and optimizes the transfer of forces. (Not compatible with **Upper Lingual or Buccal Bands**) (Rarely used)

**Anterior:** Select this option if you want an Anterior Plateau. (Not compatible with **Lower Lateral Plateau**) (Not compatible with **Upper Lingual or Buccal Bands**)

### Lower Plateau

**Lateral:** Select this option for a **Lateral Plateau**. (Not compatible with **Upper Anterior Plateau**).

**Full:** Select this option for a **Full Plateau**. The **Full Plateau** creates a better resistance to torsion and optimizes the transfer of forces. (Not compatible with **Lower Lingual or Buccal Bands**) (Recommended for **Lower Splint**)



## SECTION 4

### Upper Band

**Buccal:** Select this option for a band on the buccal side only. Optimizes tongue space. (Requires approximately 9mm in height) (Not compatible with **Upper Full Plateau** or **Upper Anterior Plateau**) (Recommended for **Upper Splint**)

**Full:** Select this band for a **Full Coverage** of buccal and lingual parts. The **Full Band** creates a better resistance to torsion and optimizes the transfer of forces.

**½ Lingual:** Select this option for a band that covers all buccal side and up to ½ of the lingual side. Offers more rigidity than buccal only without compromising too much tongue space. (Not compatible with **Upper Full Plateau** or **Upper Anterior Plateau**)

**½ Buccal:** Select this option for a band that covers all lingual side and up to ½ of the buccal side. (Recommended for patients who have flared anterior teeth) (Not recommended with **Upper Anterior** or **Full Plateau** due to possible discomfort with lip)

**Lingual:** Select this option for a **Lingual Band**. Reduces tongue space. (Requires approximately 10mm of height) (Not compatible with **Upper Full Plateau** or **Upper Anterior Plateau**) (Not recommended)

#### ⚠ The 3 following options are for specific application only

**Full with Anterior Contact:** Select this option for a **Full Band** on lingual and buccal sides with contact on anterior teeth. No retention, contact only.

**½ Lingual with Anterior Contact:** Select this option for a band that covers all buccal side and up to ½ of the lingual side with contact on anterior teeth. No retention, contact only.

**½ Buccal with Anterior Contact:** Select this option for a band that covers all lingual side and up to ½ of the buccal side with contact on anterior teeth. No retention, contact only.

### Lower Band

**½ Buccal:** Select this option for a band that covers all lingual side and up to ½ of the buccal side. Leaves space for labial frenum. (Recommended for **Lower Splint**)

**Full:** Select this band for a Full Coverage of buccal and lingual parts. The Full Band creates a better resistance to torsion and optimizes the transfer of forces.

**Lingual:** Select this option for a Lingual Band. (Requires approximately 10 mm in height) (Not compatible with **Lower Plateau Full** or **Lower Plateau Anterior**) (Not recommended because of lingual frenum)

**½ Lingual:** Select this option for a band that covers all buccal side and up to ½ of the lingual side. (Not compatible with **Lower Anterior** or **Full Plateau**)

**Buccal:** Select this option for a band on the buccal side only. (Requires approximately 9mm in height) (Not compatible with **Lower Plateau Full** or **Lower Plateau Anterior**) (Not recommended because of labial frenum)



**! The 3 following options are for specific application only**

**Full with Anterior Contact:** Select this option to have a **Full Band** on lingual and buccal sides with contact on anterior teeth. No retention, contact only.

**½ Buccal with Anterior Contact:** Select this option for a band that covers all lingual side and up to ½ of the buccal side with contact on anterior teeth. No retention, contact only.

**½ Lingual with Anterior Contact:** Select this option for a band that covers all buccal side and up to ½ of the lingual side with contact on anterior teeth. No retention, contact only.

## SECTION 5

### Extra Options

You can check all that apply.

**Prefer upper Distal Wrap:** Check this option if you prefer a **Distal Wrap** on the **Upper Splint**. **Distal Wrap** may be designed even if not selected. A Distal Wrap will be recommended on the **Upper Splint** if there is a lack of retention. (On the **Lower Splint**, **Distal Wrap** is done by default except if a 3<sup>rd</sup> molar is present)

**Do not Cover 3<sup>rd</sup> Molar:** Check this option if you want the design team to avoid covering the occlusal of the 3<sup>rd</sup> molar, if one is present. Select for lower and/or upper.

### Composite Buttons

**Add if needed:** Check this option if you want the design team to produce composite button grooves on the appliance, without contacting you, if case requires them for better retention. (Recommended by Panthera)

**Call me:** Check this option if you would prefer that the Panthera Customer Service team call you if composite buttons are needed for better retention in your patient case. (Some delay may occur if we have difficulty reaching you)

**! Cancel case and ship back:** Check this option if you want the Panthera team to ship back your case without further notice if your case lacks retention and, despite trying all other design combinations, composite buttons are still required. (WARNING: This will cancel the case - no fee will apply - make sure this is really what you want)

## SECTION 6

**Comments:** [Leave your comments here]

**Do not call me if design changes are needed:** Check this option if you prefer that the Panthera Design team proceed with the appropriate design changes needed when your preferred options are not feasible. The device will always be the most optimal and best possible design with regards to available retention. (If you have selected "Cancel case & ship back" for composite buttons, we will consider all design options excluding adding composite buttons before sending back your case ) (Strongly recommended by Panthera Team for faster service) (Some delay may occur if we have difficulty reaching you)

**Signature:** [Apply your signature here to confirm your preferred options]



# PRESCRIPTION

## D-SAD™

DIGITAL - SLEEP APNEA DEVICE

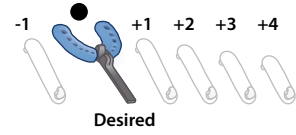
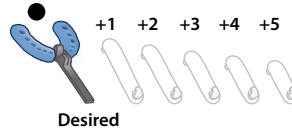
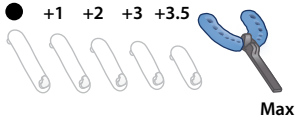
Patient: \_\_\_\_\_

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

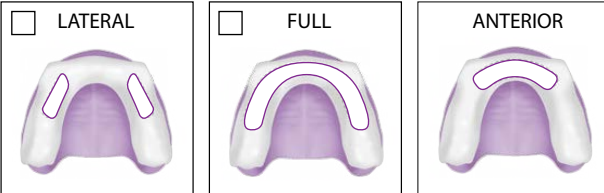
### CROWN AND / OR PONTIC:

Tooth #: \_\_\_\_\_

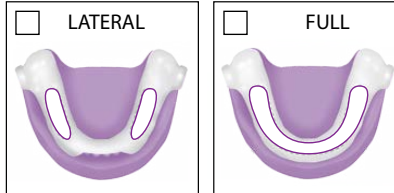
## USE OPTIMAL VALUES\*

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

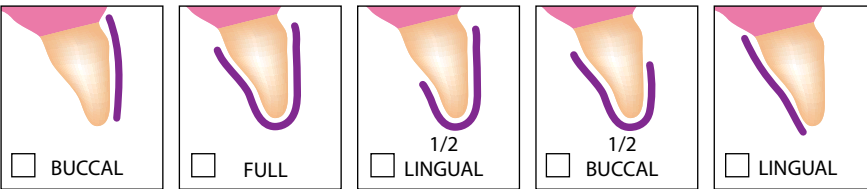
### 3 UPPER PLATEAU



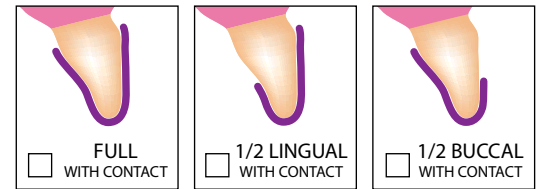
### LOWER PLATEAU



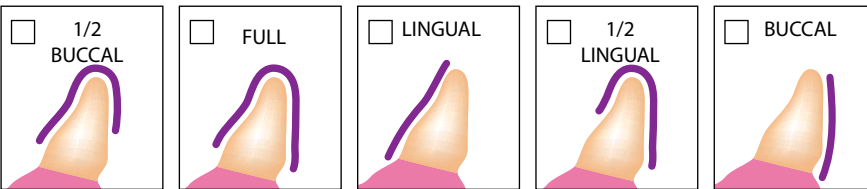
### 4 UPPER BAND



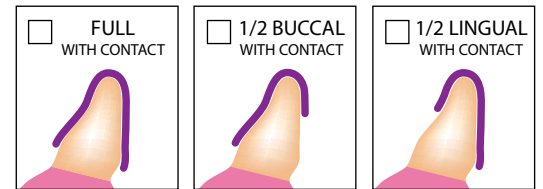
### ANTERIOR WITH CONTACT ⚠



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