



# PRESCRIPTION

PANTHERA CLASSIC

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

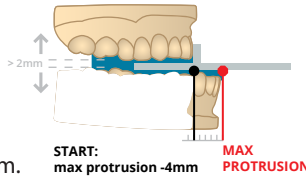
Dentist: \_\_\_\_\_

Case identifier #: \_\_\_\_\_

## 1 TYPE OF BITE PROVIDED

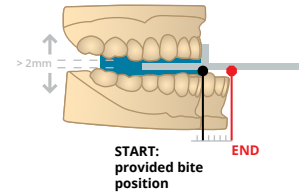
### MAXIMUM

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.



### STARTING POINT

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



## 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

|                                      |                                   |                                       |
|--------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> LATERAL<br> | <input type="checkbox"/> FULL<br> | <input type="checkbox"/> ANTERIOR<br> |
|--------------------------------------|-----------------------------------|---------------------------------------|

## LOWER PLATEAU

|                                      |                                   |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> LATERAL<br> | <input type="checkbox"/> FULL<br> |
|--------------------------------------|-----------------------------------|

## 4 UPPER BAND

|                                     |                                   |                                      |   |  |
|-------------------------------------|-----------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> LABIAL<br> | <input type="checkbox"/> FULL<br> | <input type="checkbox"/> LINGUAL<br> | <input type="checkbox"/> 1/2 LABIAL<br> | <input type="checkbox"/> 1/2 LINGUAL<br> |
|-------------------------------------|-----------------------------------|--------------------------------------|---|--|

## ANTERIOR WITH CONTACT !

|  |   |  |
|--|---|--|
| <input type="checkbox"/> FULL WITH CONTACT<br> | <input type="checkbox"/> 1/2 LINGUAL WITH CONTACT<br> | <input type="checkbox"/> 1/2 LABIAL WITH CONTACT<br> |
|--|---|--|

## LOWER BAND

|   |                                   |                                      |  |                                     |
|---|-----------------------------------|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> 1/2 LABIAL<br> | <input type="checkbox"/> FULL<br> | <input type="checkbox"/> LINGUAL<br> | <input type="checkbox"/> 1/2 LINGUAL<br> | <input type="checkbox"/> LABIAL<br> |
|---|-----------------------------------|--------------------------------------|--|-------------------------------------|

## ANTERIOR WITH CONTACT !

|  |  |   |
|--|--|---|
| <input type="checkbox"/> FULL WITH CONTACT<br> | <input type="checkbox"/> 1/2 LABIAL WITH CONTACT<br> | <input type="checkbox"/> 1/2 LINGUAL WITH CONTACT<br> |
|--|--|---|

## 5 EXTRA OPTIONS

- Prefer distal wrap

Do not cover 3<sup>RD</sup> molars

- Upper
- Lower

- Add a Panthera morning repositioner (additional cost)

## 6 COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

### SIGNATURE

- Do not call me if design changes are needed.

X \_\_\_\_\_