



PRESCRIPTION

PANTHERA | X3

Patient ID: _____

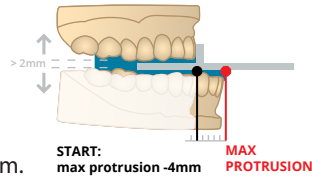
Dentist: _____

Case identifier #: _____

1 TYPE OF BITE PROVIDED

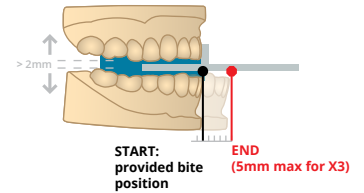
MAXIMUM

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

Elastic notches delivered with all X3 devices.

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 	<input type="checkbox"/> FULL 	<input type="checkbox"/> ANTERIOR
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LOWER PLATEAU

<input type="checkbox"/> LATERAL 	<input type="checkbox"/> FULL
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4 UPPER BAND

<input type="checkbox"/> LABIAL 	<input type="checkbox"/> FULL 	<input type="checkbox"/> 1/2 LINGUAL 	<input type="checkbox"/> 1/2 LABIAL 	<input type="checkbox"/> LINGUAL
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ANTERIOR WITH CONTACT ⚠

<input type="checkbox"/> FULL WITH CONTACT 	<input type="checkbox"/> 1/2 LINGUAL WITH CONTACT 	<input type="checkbox"/> 1/2 LABIAL WITH CONTACT
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LOWER BAND

<input type="checkbox"/> 1/2 LABIAL 	<input type="checkbox"/> FULL 	<input type="checkbox"/> LINGUAL 	<input type="checkbox"/> 1/2 LINGUAL 	<input type="checkbox"/> LABIAL
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ANTERIOR WITH CONTACT ⚠

<input type="checkbox"/> FULL WITH CONTACT 	<input type="checkbox"/> 1/2 LABIAL WITH CONTACT 	<input type="checkbox"/> 1/2 LINGUAL WITH CONTACT
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5 EXTRA OPTIONS

Prefer distal wrap

Do not cover 3RD molars

- Upper
- Lower

Add a Panthera morning repositioner (additional cost)

6 COMMENTS

SIGNATURE

Do not call me if design changes are needed.

X _____