



Patient: _____

Dentist: _____ License #: _____

PROTRUSIVE BITE

- Bite represents maximum protrusion (100%)
- Bite represents starting point

VERTICAL DIMENSION

- Close as much as possible
- Keep it, call if changes needed

LATERAL DEVIATION

- None
- Yes

BRUXISM

- None
- Light-moderate
- Severe



CHECK TO USE OPTIMAL VALUES*

* If checked, do not fill the Customize Section.

CUSTOMIZE SECTION


UPPER PLATE Check one

STANDARD




RECOMMENDED

FULL



ANTERIOR



WIDTH

- Central only
- Lateral to lateral
- Canine to canine

LOWER PLATE Check one

STANDARD




RECOMMENDED

FULL



ANTERIOR




UPPER BAND Check one

SIMPLE BUCCAL



RECOMMENDED

3/4



SIMPLE LINGUAL



FULL




LOWER BAND Check one

3/4



RECOMMENDED

SIMPLE LINGUAL



SIMPLE BUCCAL



FULL



SIGNATURE

NOTE TO LABORATORY:

PLEASE FILL THE ONLINE ORDER FORM AT WWW.PANTHERADENTAL.COM

I want my D-SAD to be manufactured by Panthera Dental Inc.