

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

<input type="checkbox"/> STANDARD <div style="background-color: #003366; color: white; padding: 2px; text-align: center;">RECOMMENDED</div>	<input type="checkbox"/> FULL 	<input type="checkbox"/> ANTERIOR WIDTH <input type="checkbox"/> Central only <input type="checkbox"/> Lateral to lateral <input type="checkbox"/> Canine to canine
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LOWER PLATE Check one

<input type="checkbox"/> STANDARD <div style="background-color: #003366; color: white; padding: 2px; text-align: center;">RECOMMENDED</div>	<input type="checkbox"/> FULL 	<input type="checkbox"/> ANTERIOR
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UPPER BAND Check one

<input type="checkbox"/> SIMPLE BUCCAL <div style="background-color: #003366; color: white; padding: 2px; text-align: center;">RECOMMENDED</div>	<input type="checkbox"/> 3/4 	<input type="checkbox"/> SIMPLE LINGUAL 	<input type="checkbox"/> FULL
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LOWER BAND Check one

<input type="checkbox"/> 3/4 <div style="background-color: #003366; color: white; padding: 2px; text-align: center;">RECOMMENDED</div>	<input type="checkbox"/> SIMPLE LINGUAL 	<input type="checkbox"/> SIMPLE BUCCAL 	<input type="checkbox"/> FULL
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NOTE TO LABORATORY:
PLEASE FILL THE ONLINE ORDER FORM
AT WWW.PANTHERADENTAL.COM

SIGNATURE

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