

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

Dentist: \_\_\_\_\_ License #: \_\_\_\_\_

**PROTRUSIVE BITE**

- Bite represents maximum protrusion (100%) **Call 1-800-259-3717 for all USA inquiries**
- 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"/> <b>STANDARD</b>  <div style="background-color: #003366; color: white; text-align: center; padding: 2px;">RECOMMENDED</div>	<input type="checkbox"/> <b>FULL</b> 	<input type="checkbox"/> <b>ANTERIOR</b>  <b>WIDTH</b> <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"/> <b>STANDARD</b>  <div style="background-color: #003366; color: white; text-align: center; padding: 2px;">RECOMMENDED</div>	<input type="checkbox"/> <b>FULL</b> 	<input type="checkbox"/> <b>ANTERIOR</b> 
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**UPPER BAND** Check one

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

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

**SIGNATURE**

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