

PLEASE PRINT

Account # **C0** PO # _____

BILLING PRACTICE TYPE: _____ DATE SHIPPED: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

DOCTOR: _____

ADDRESS: _____ DATE DUE: _____
(Specify if ship to address is different)

ADDRESS CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

FAX: (_____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

Please Provide: Boxes Labels Rx (specify appl type): _____ Qty: _____

LAB USE ONLY Incoming # cases _____

Customer Used: GLO Acct 2 Day On Call

Portal Upload - No Frt (00) Cust Acct - No Frt (00)

Disinfected 0 1 2 3 4 5 6 7 8 9

Rcvd: _____

B# _____ Via: _____

Shipment Date _____ Planned Shipment Date _____

(QC): _____ (LPD): _____

Estimated Delivery Date _____ Promised Delivery Date _____

ND _____ (Rec): _____

NO BITE / MDL - B / C Source: _____

Campaign: _____

Align ID# _____ Dig ID# _____

IMPORTANT! With physical stone model orders, your original models and bite registration will be discarded. New printed models will be returned.

The Panthera Classic formerly DSAD is a Dental-Sleep Apnea Device, a CAD/CAM appliance recommended for snoring, mild to moderate sleep apnea if CPAP is refused, or alternately with CPAP.

Comfortable fitting with durability in the connecting arms for normal wear, light to moderate bruxism, or severe bruxism habits.

Warranty voided with dental changes, damaged outside of normal wear, abuse or misuse.

Protrusive Bite:

Bite represents the **maximum advancement** of my patient (100%). The starting rods will represent 70% of this capacity.

The provided bite represents the **desired advancement**. The starting rods will represent this advancement.

Vertical Dimension: minimum 4mm VDO measured in bi-cuspid area or where occlusal pads contact, maximum VDO is 12mm:

Close or open to optimize the device
 Keep vertical dimension, call if changes needed

Lateral Deviation in Protrusive Bite:

None - The midline in protrusive is the same as MI
 Yes - Lateral deviation in protrusive bite is correct _____mm Patient- left right

Cover Third Molar:

No
 Yes
 Half

Elastics:

None
 Yes

Bruxism:

None
 Light - Moderate
 Severe

License #: _____

Dr. Signature: _____

Master Rx on File # _____

Special Instructions: _____

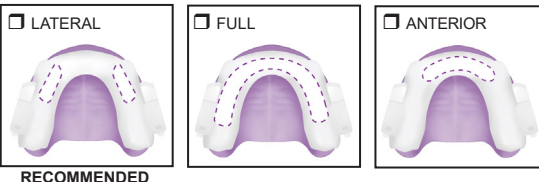
If retention is an issue:

Design Change Call if Needed Ok to Change
Composite Buttons Call if Needed Ok to Add

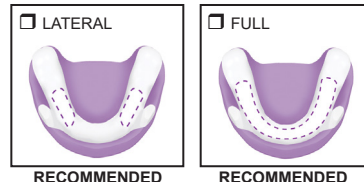
Check to use optimal values

If checked, Panthera will determine the best design according to patient's natural configuration

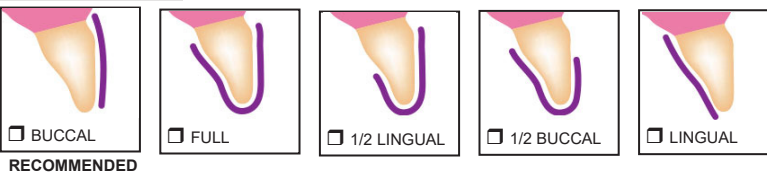
UPPER PLATE Check one



LOWER PLATE Check one



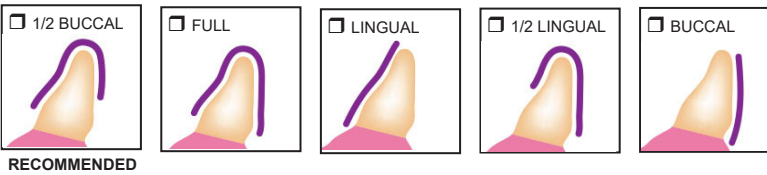
UPPER BAND Check one



ANTERIOR WITH CONTACT



LOWER BAND Check one



ANTERIOR WITH CONTACT



IDENTIFY DENTAL CONCERNS (with an X over the tooth) Special care will be taken to reduce the retention on those teeth, for example:

- Implant(s) • Crown(s) • Bridge(s) • Fragile Fixed Prosthesis • Sensitive Teeth
- Tooth with Root Canal Treatment • Massive Tooth Filling

