D-SAD™ DIGITAL - SLEEP APNEA DEVICE PRESCRIPTION

Patient: _____

Dentist: _____ License #: _____

PANTHERA SLEEP

True Function tfl Laboratory

PROTRUSIVE BITE
- ☐ Bite represents patient's maximum protrusion (100%)
- ☐ Bite represents patient's starting point

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

ELASTICS REQUIRED
- ☐ No
- ☐ Yes

LATERAL DEVIATION
- ☐ None
- ☐ Yes

BRUXISM
- ☐ None
- ☐ Light-Moderate
- ☐ Severe

☐ **CHECK TO USE OPTIMAL VALUES** (if checked, do not fill-in the Customize Section)

CUSTOMIZE SECTION (check one per Upper and Lower)

UPPER BAND

☐ SIMPLE BUCCAL

RECOMMENDED

☐ FULL

☐ 1/2

☐ SIMPLE LINGUAL

LOWER BAND

☐ 1/2

RECOMMENDED

☐ FULL

☐ SIMPLE BUCCAL

☐ SIMPLE LINGUAL

PLATEAU

☐ STANDARD

RECOMMENDED

☐ FULL

☐ ANTERIOR

- ☐ Central only
- ☐ Lateral to lateral
- ☐ Canine to canine

Other factors or specific requests to be taken into account
(e.g., brittle tooth, mobility, broken tooth, crown, bridge, other)

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SIGNATURE