PANTHERA X3™ PRESCRIPTION

Great Lakes DENTAL TECHNOLOGIES

In partnership with Panthera Dental

PANTHERA SLEEP

PLEASE PRINT

Account # C0_____ **PO #**_____

BILLING ADDRESS

PRACTICE TYPE:_____
(i.e., ortho, GP, pedo, prostho, oral surgeon, commer. lab)

DOCTOR:_____

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

_____

CITY:_____ STATE:_____ ZIP:_____

Provide Country & City Code

PHONE: (_____)_____

FAX: (_____)_____

EMAIL:_____

PATIENT:_____ AGE:_____
PLEASE PRINT

DATE SHIPPED:

DATE DUE:
1 day before appointment

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:_____

Location:_____

Align ID#_____Dig ID#_____

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

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

The **X3™ Dorsal Fin Sleep Apnea Device** is a CAD/CAM appliance recommended for snoring, mild to moderate sleep apnea if CPAP is refused, or alternately with CPAP.

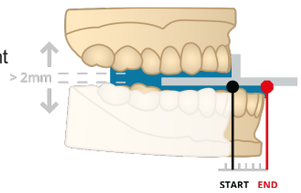
Comfortable fitting, durable, includes addiional advancement clips and suitable for bruxism habits.

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

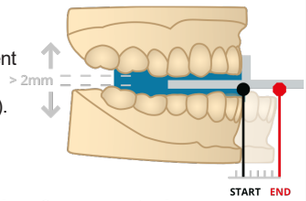
Type of Bite Provided:

****STANDARD- 1mm retrusion with 5mm advancement provided in appliance**

☐ Bite represents the maximum advancement of my patient (100%). The starting rods will represent 60% of this capacity.



☐ I will provide a bite in the desired advancement (the appliance will be set at this starting point).



Vertical Dimension:
minimum 4mm anterior, 2mm posterior:
☐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: (Standard)

Distal Wrap Terminal Molar: ☐Upper ☐Lower

License #:_____

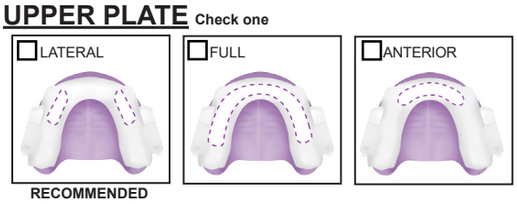
Dr. Signature:_____

☐ Master Rx on File # _____

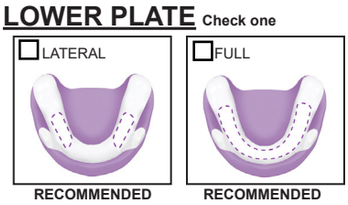
If retention is an issue:
Design Change ☐Call if Needed ☐Ok to Change
Composite Buttons ☐Call if Needed ☐Ok to Add ☐No- Cancel Order

☐ **Check to use optimal values**
If checked, Panthera will determine the best design according to patient's natural configuration

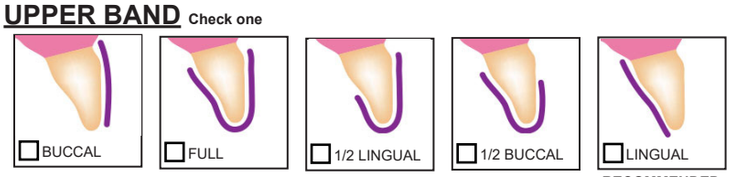
UPPER PLATE Check one



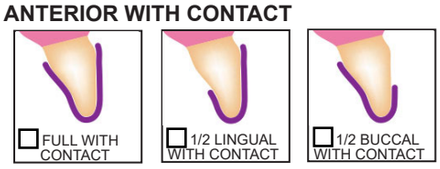
LOWER PLATE Check one



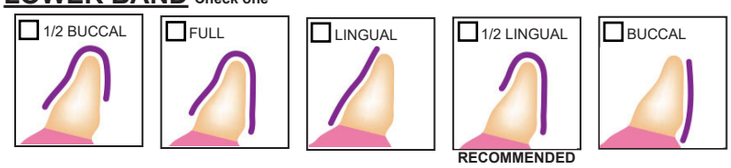
UPPER BAND Check one



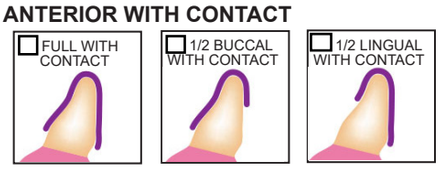
ANTERIOR WITH CONTACT



LOWER BAND Check one

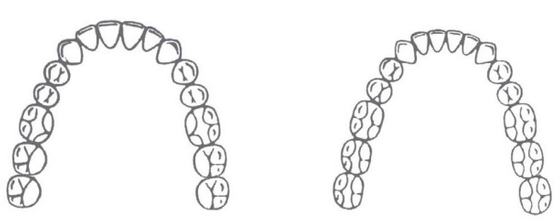


ANTERIOR WITH CONTACT



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

Special Instructions:_____



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