



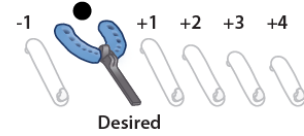
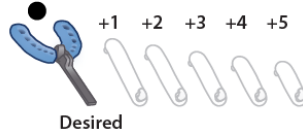
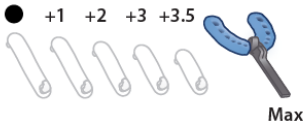
Patient: _____

Dentist: _____

Due Date: _____

1 TREATMENT RANGE NEEDED (● Starting point)

- Retrude 4mm with 0.5 mm step before patient's max. Protrude 5mm. Retrude 1mm and protrude 4mm.



- 2 VERTICAL SPACING**
- Close or open to optimise the device
- Keep it, call if major changes needed

- IS MANDIBULAR PROTRUSION STRAIGHT**
- Yes
- No

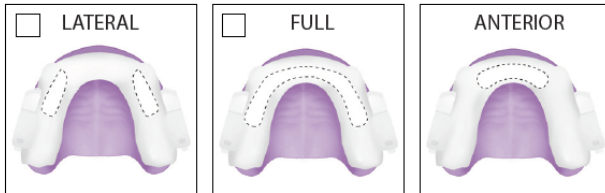
- ELASTIC NOTCHES**
- No
- Yes

- FRAGILE TEETH:**
- Tooth #: _____
- CROWN AND / OR PONTIC:**
- Tooth #: _____

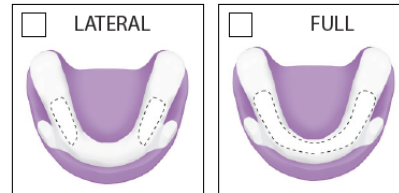
USE OPTIMAL VALUES*

- No Yes * If YES checked, skip to section 5.

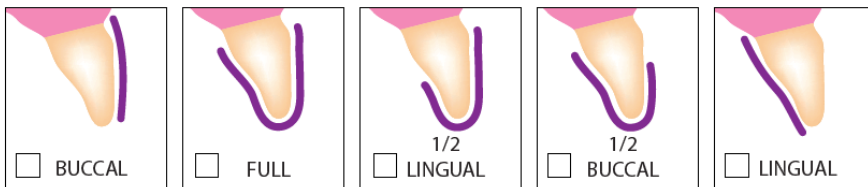
3 UPPER PLATEAU



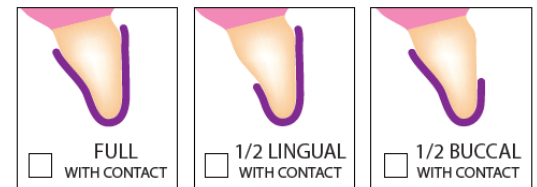
LOWER PLATEAU



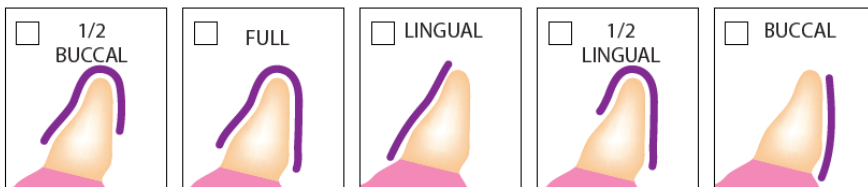
4 UPPER BAND



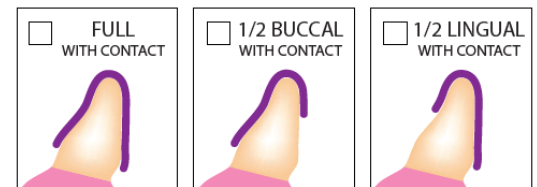
ANTERIOR WITH CONTACT !



LOWER BAND



ANTERIOR WITH CONTACT !



5 EXTRA OPTIONS

- Prefer upper splint distal wrap
- Do not cover 3RD molar
- Upper
- Lower

COMPOSITE BUTTON

- Add if needed
- Call me
- Cancel case and ship back !

BITE REPOSITIONING APPLIANCE



6 COMMENTS

SIGNATURE

- Do not call me if design changes are needed.

X _____