



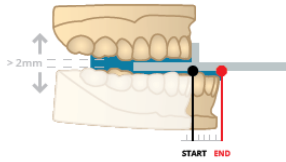
Patient: _____

Dentist: _____

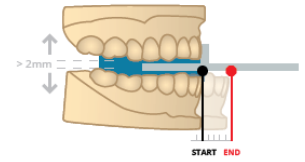
Due Date: _____

1 TYPE OF BITE PROVIDED

I will provide a bite in maximum protrusion (the appliance will be set at approximately 60% of the maximum protrusion)



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



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 #: _____

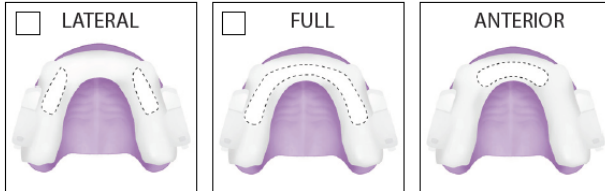
CROWN AND / OR PONTIC:

Tooth #: _____

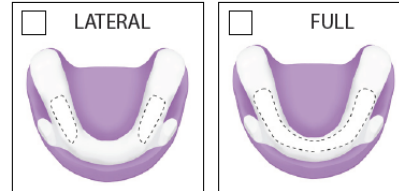
USE OPTIMAL VALUES*

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

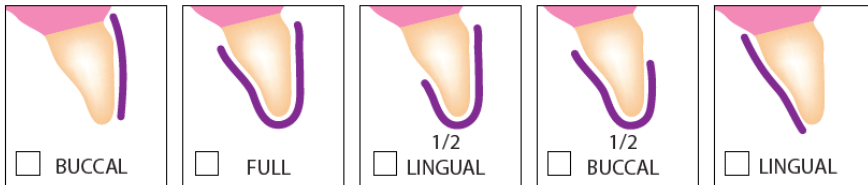
3 UPPER PLATEAU



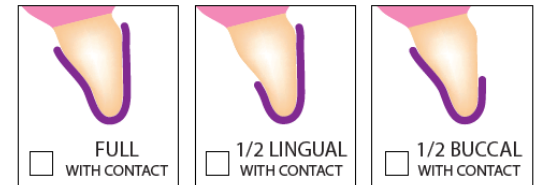
LOWER PLATEAU



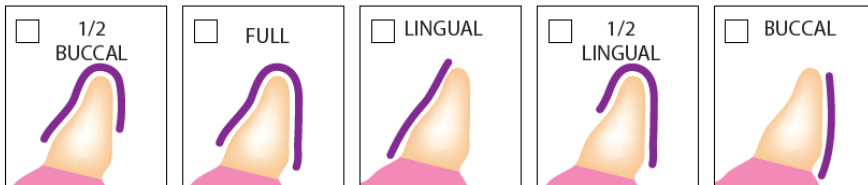
4 UPPER BAND



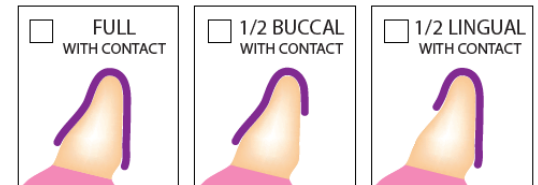
ANTERIOR WITH CONTACT !



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 _____