



# PRESCRIPTION

PANTHERA | X3

Patient ID: \_\_\_\_\_

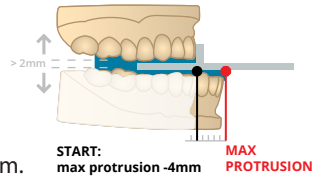
Dentist: \_\_\_\_\_

Case identifier #: \_\_\_\_\_

## 1 TYPE OF BITE PROVIDED

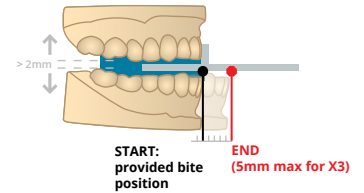
### MAXIMUM

The appliance will be set to -4mm of the maximum protrusion to allow incremental protrusion up to the maximum. Not recommended if maximum protrusion is less than 5mm.



### STARTING POINT

The appliance will be set to start at the provided bite position, to allow incremental forward movement.



## 2 VERTICAL DIMENSION

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

### IS THERE A LATERAL DEVIATION DURING PROTRUSION ?

- Yes     No

### ELASTIC NOTCHES

Elastic notches delivered with all X3 devices.

### FRAGILE TEETH, CROWNS AND OR PONTICS:

Tooth #: \_\_\_\_\_

**BIOMATCH (use optimal values):**     Yes     No    \* If YES checked, skip to section 5.

## 3 UPPER PLATEAU

<input type="checkbox"/> LATERAL 	<input type="checkbox"/> FULL 	<input type="checkbox"/> ANTERIOR 
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## LOWER PLATEAU

<input type="checkbox"/> LATERAL 	<input type="checkbox"/> FULL 
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## 4 UPPER BAND

<input type="checkbox"/> LABIAL 	<input type="checkbox"/> FULL 	<input type="checkbox"/> 1/2 LINGUAL 	<input type="checkbox"/> 1/2 LABIAL 	<input type="checkbox"/> LINGUAL 
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### ANTERIOR WITH CONTACT ⚠

<input type="checkbox"/> FULL WITH CONTACT 	<input type="checkbox"/> 1/2 LINGUAL WITH CONTACT 	<input type="checkbox"/> 1/2 LABIAL WITH CONTACT 
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## LOWER BAND

<input type="checkbox"/> 1/2 LABIAL 	<input type="checkbox"/> FULL 	<input type="checkbox"/> LINGUAL 	<input type="checkbox"/> 1/2 LINGUAL 	<input type="checkbox"/> LABIAL 
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### ANTERIOR WITH CONTACT ⚠

<input type="checkbox"/> FULL WITH CONTACT 	<input type="checkbox"/> 1/2 LABIAL WITH CONTACT 	<input type="checkbox"/> 1/2 LINGUAL WITH CONTACT 
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## 5 EXTRA OPTIONS

Prefer distal wrap

Do not cover 3<sup>RD</sup> molars

- Upper
- Lower

Add a Panthera morning repositioner (additional cost)

## 6 COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

### SIGNATURE

Do not call me if design changes are needed.

X \_\_\_\_\_