



PRESCRIPTION

PANTHERA CLASSIC

Patient ID: _____

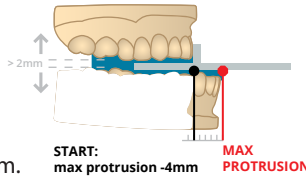
Dentist: _____

Case identifier #: _____

1 TYPE OF BITE PROVIDED

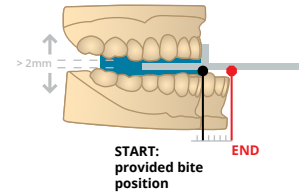
MAXIMUM

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

- Yes No

FRAGILE TEETH, CROWNS AND OR PONTICS:

Tooth #: _____

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

3 UPPER PLATEAU

LATERAL



FULL



ANTERIOR



LOWER PLATEAU

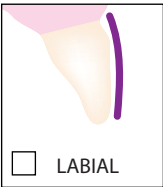
LATERAL



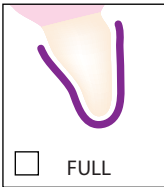
FULL



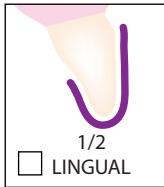
4 UPPER BAND



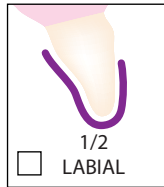
LABIAL



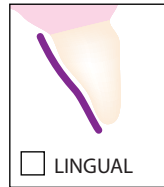
FULL



1/2 LINGUAL

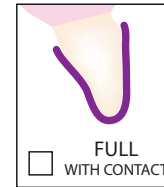


1/2 LABIAL

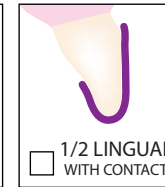


LINGUAL

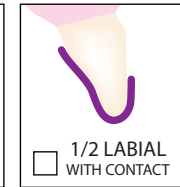
ANTERIOR WITH CONTACT !



FULL WITH CONTACT



1/2 LINGUAL WITH CONTACT

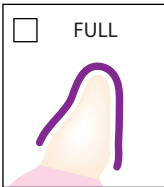


1/2 LABIAL WITH CONTACT

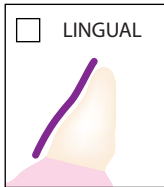
LOWER BAND



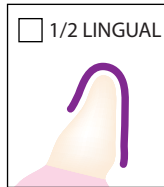
1/2 LABIAL



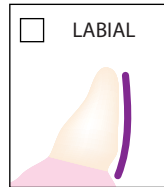
FULL



LINGUAL

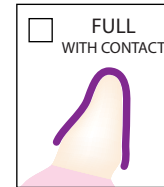


1/2 LINGUAL

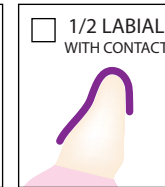


LABIAL

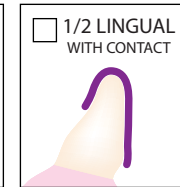
ANTERIOR WITH CONTACT !



FULL WITH CONTACT



1/2 LABIAL WITH CONTACT



1/2 LINGUAL WITH CONTACT

5 EXTRA OPTIONS

- Prefer distal wrap

Do not cover 3RD molars

- Upper
- Lower

- Add a Panthera morning repositioner (additional cost)

6 COMMENTS

SIGNATURE

- Do not call me if design changes are needed.

X _____