



# PRESCRIPTION

PANTHERA | X3

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

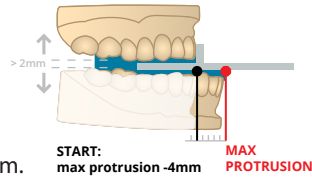
Dentist: \_\_\_\_\_

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

## 1 TYPE OF BITE PROVIDED

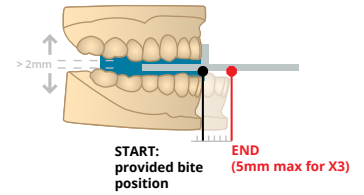
### MAXIMUM

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

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 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 \_\_\_\_\_