



PANTHERA D-SAD RX LAB FORM



1130 Cannonball Run, Suite 108
Knightdale NC 27545
contact@simplifiedsas.com
919-504-3034

Practice Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Patient's Name: _____

Dentist: _____ License #: _____

_____ Include AM RePostioner

_____ Provide Appliance Consultation

PROTRUSIVE BITE

- ☐ Bite represents maximum protrusion (100%)
- ☐ Bite represents starting point

VERTICAL DIMENSION

- ☐ Close as much as possible
- ☐ Keep it, call if changes needed

LATERAL DEVIATION IN PROTRUSION

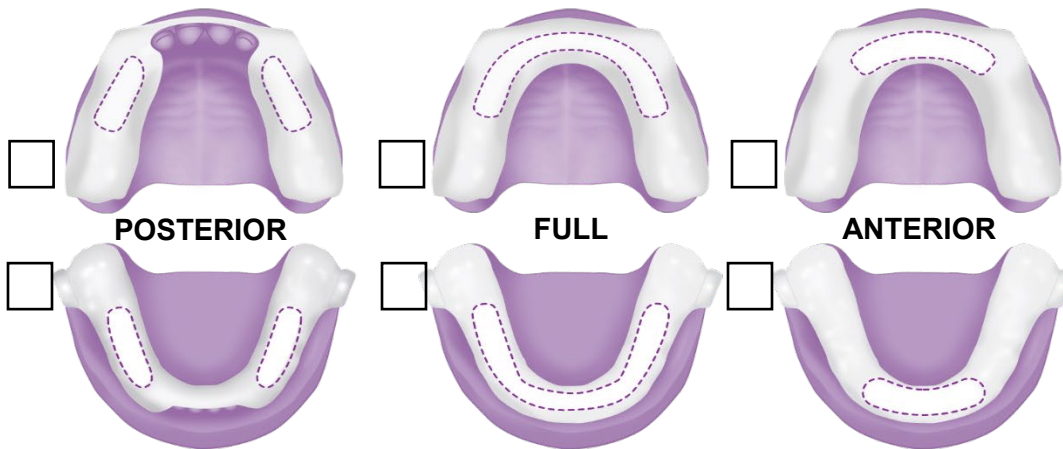
- ☐ The midline is stable in protrusion
- ☐ I have noticed a lateral deviation in protrusion

BRUXISM

My patient suffers from bruxism:

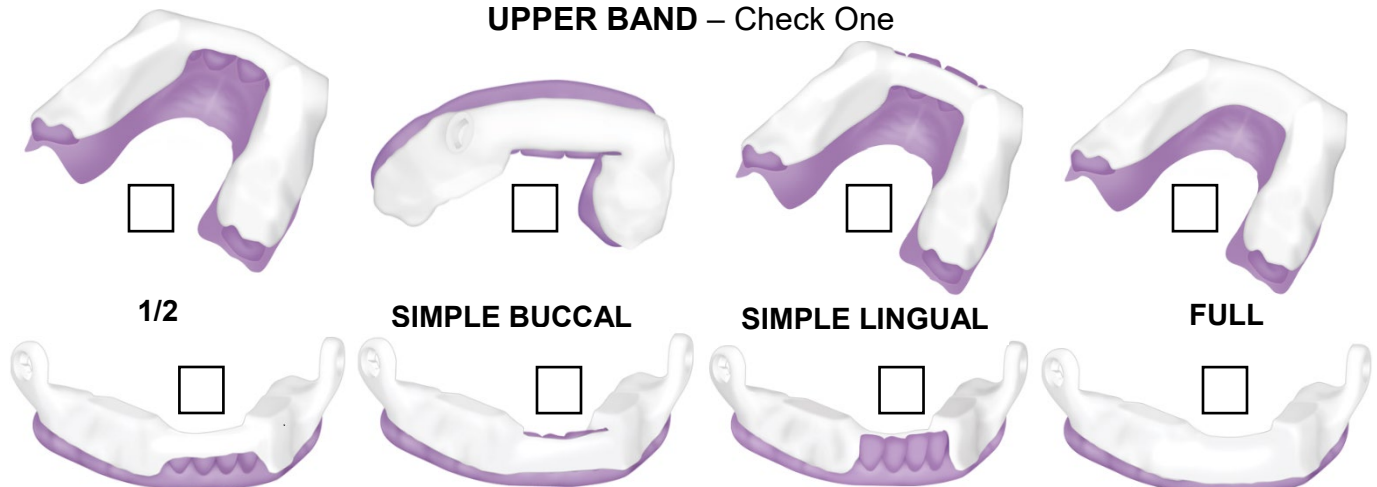
- ☐ None
- ☐ Light-moderate
- ☐ Severe

UPPER PLATE - Check One



LOWER PLATE - Check One

UPPER BAND - Check One



LOWER BAND - Check One

- ☐ Elastics are required for this case
- ☐ Wrap distal of last molar U / L

ADDITIONAL NOTES:

SIGNATURE

DATE