



PRESCRIPTION

D-SAD™

DIGITAL - SLEEP APNEA DEVICE

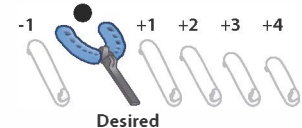
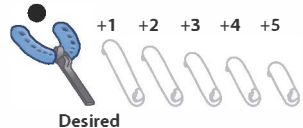
Patient: _____

Dentist: _____

License #: _____

1 TREATMENT RANGE NEEDED (● Starting point)

- Retrude 4mm with 0.5 mm step before patient's max.
 Protrude 5mm.
 Retrude 1mm and protrude 4mm.



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

LATERAL FULL ANTERIOR

LOWER PLATEAU

LATERAL FULL

4 UPPER BAND

BUCCAL FULL 1/2 LINGUAL 1/2 BUCCAL LINGUAL

ANTERIOR WITH CONTACT !

FULL WITH CONTACT 1/2 LINGUAL WITH CONTACT 1/2 BUCCAL WITH CONTACT

LOWER BAND

1/2 BUCCAL FULL LINGUAL 1/2 LINGUAL BUCCAL

ANTERIOR WITH CONTACT !

FULL WITH CONTACT 1/2 BUCCAL WITH CONTACT 1/2 LINGUAL 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 !

6 COMMENTS

SIGNATURE

Do not call me if design changes are needed.

X _____