D-SAD™ PRESCRIPTION

DIGITAL - SLEEP APNEA DEVICE

PANTHERA SLEEP

Patient: _____

Dentist: _____ License #: _____

PROTRUSIVE BITE	VERTICAL DIMENSION
☐ Bite represents patient's maximum protrusion (100%) ☐ Bite represents patient's starting point	☐ Close as much as possible ☐ Keep it, call if changes needed

ELASTICS REQUIRED	LATERAL DEVIATION	BRUXISM
☐ No ☐ Yes	☐ None ☐ Yes	☐ None ☐ Light-Moderate ☐ Severe

☐ CHECK TO USE OPTIMAL VALUES (if checked, do not fill-in the Customize Section)

CUSTOMIZE SECTION (check one per Upper and Lower)

UPPER BAND

☐ SIMPLE BUCCAL	☐ FULL	☐ 1/2	☐ SIMPLE LINGUAL
RECOMMENDED			

LOWER BAND

☐ 1/2	☐ FULL	☐ SIMPLE BUCCAL	☐ SIMPLE LINGUAL
RECOMMENDED			

PLATEAU

☐ STANDARD	☐ FULL	☐ ANTERIOR	
RECOMMENDED			☐ Central only ☐ Lateral to lateral ☐ Canine to canine

Other factors or specific requests to be taken into account
(e.g., brittle tooth, mobility, broken tooth, crown, bridge, other)

SIGNATURE