



PRESCRIPTION

D-SAD™

DIGITAL - SLEEP APNEA DEVICE

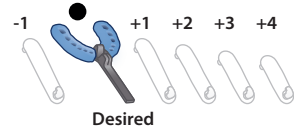
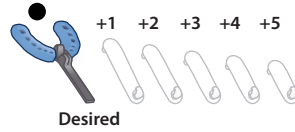
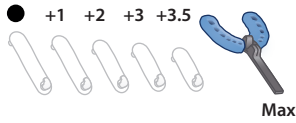
Patient: _____

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

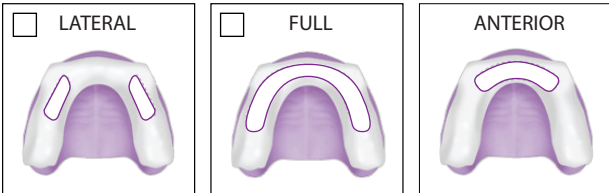
- ### IS MANDIBULAR PROTRUSION STRAIGHT
- Yes
- No

- ### ELASTIC NOTCHES
- No
- Yes

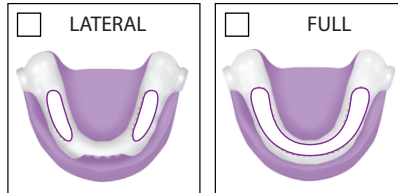
- ### FRAGILE TEETH:
- Tooth #: _____
- ### CROWN AND / OR PONTIC:
- Tooth #: _____

USE OPTIMAL VALUES* No Yes * If YES checked, skip to section 5.

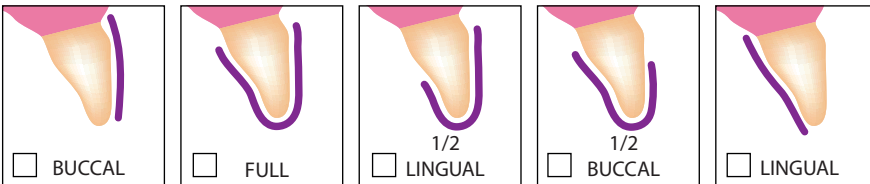
3 UPPER PLATEAU



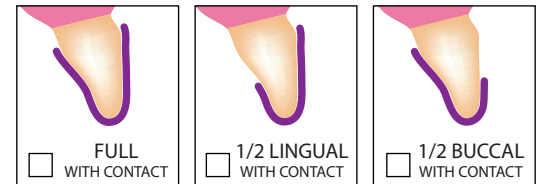
LOWER PLATEAU



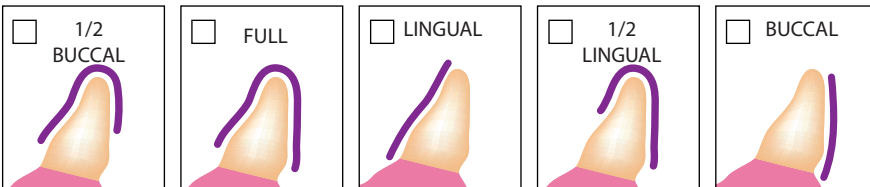
4 UPPER BAND



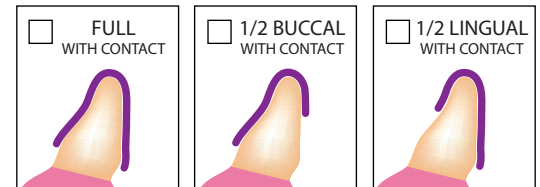
ANTERIOR WITH CONTACT !



LOWER BAND



ANTERIOR 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 _____