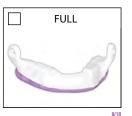
DIGITAL - SLEEP APNEA DEVICE			
DR			
STREET		SUITE	
CITY	STATE	ZIP	
PHONE ( )	EMAIL		
PATIENT NAME		_ AGE: SEX: 〇	M OF
	SE OPTIMAL VALUES not fill the Customize Section.	**	PROTRUSIVE BITE  Bite represents maximum protrusion (100%)  Bite represents starting point
CUSTOMIZE SECTION ————————————————————————————————————		VERTICAL DIMENSION  Close as much as possible	
STANDARD FULL  RECOMMENDED	ANTERIOR	WIDTH  Central only  Lateral to lateral  Canine to canine	
LOWER PLATE Check one			None
STANDARD FULL	ANTERIOR		☐ Light-moderate ☐ Severe
RECOMMENDED  UPPER BAND Check one			
SIMPLE BUCCAL 3/4	SIMPLE LINGUAL	FULL	

## RECOMMENDED LOWER BAND Check one









Dental Arts Laboratories, Inc.

241 NE Perry Avenue, Peoria, IL 61603-3625 800.322.2213 • 309.674.8191 • Fax 309.674.8204 www.dentalartslab.com