















Patient: \_\_\_\_\_

Dentist: \_\_\_\_\_ License #: \_\_\_\_\_

<b>PROTRUSIVE BITE</b> <input type="checkbox"/> Bite represents patient's maximum protrusion (100%) <input type="checkbox"/> Bite represents patient's starting point		<b>VERTICAL DIMENSION</b> <input type="checkbox"/> Close as much as possible <input type="checkbox"/> Keep it, call if changes needed	
<b>ELASTICS REQUIRED</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>LATERAL DEVIATION</b> <input type="checkbox"/> None <input type="checkbox"/> Yes	<b>BRUXISM</b> <input type="checkbox"/> None <input type="checkbox"/> Light-Moderate <input type="checkbox"/> Severe	

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

**CUSTOMIZE SECTION** (check one per Upper and Lower)

<b>UPPER BAND</b>	<input type="checkbox"/> SIMPLE BUCCAL  <b>RECOMMENDED</b>	<input type="checkbox"/> FULL 	<input type="checkbox"/> 1/2 	<input type="checkbox"/> SIMPLE LINGUAL 	
	<input type="checkbox"/> 1/2  <b>RECOMMENDED</b>	<input type="checkbox"/> FULL 	<input type="checkbox"/> SIMPLE BUCCAL 	<input type="checkbox"/> SIMPLE LINGUAL 	
	<b>PLATEAU</b>	<input type="checkbox"/> STANDARD  <b>RECOMMENDED</b>	<input type="checkbox"/> FULL 	<input type="checkbox"/> ANTERIOR 	<input type="checkbox"/> Central only <input type="checkbox"/> Lateral to lateral <input type="checkbox"/> Canine to canine
		<input type="checkbox"/> STANDARD  <b>RECOMMENDED</b>	<input type="checkbox"/> FULL 	<input type="checkbox"/> ANTERIOR 	<input type="checkbox"/> Central only <input type="checkbox"/> Lateral to lateral <input type="checkbox"/> Canine to canine

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

**DANI DENTAL STUDIO**

1243 E Broadway Rd Suite 201, Tempe, AZ 85282  
 danidental.com | 480.449.0909

**SIGNATURE** \_\_\_\_\_