

D-SAD™ PRESCRIPTION
DIGITAL • SLEEP APNEA DEVICE

Patient: _____

Dentist: _____ License #: _____

PROTRUSIVE BITE

- Bite represents maximum protrusion (100%)
- Bite represents starting point

VERTICAL DIMENSION

- Close as much as possible
- Keep it, call if changes needed

LATERAL DEVIATION

- None
- Yes




BRUXISM

- None
- Light-moderate
- Severe




CHECK TO USE OPTIMAL VALUES*
* If checked, do not fill the Customize Section.

CUSTOMIZE SECTION





UPPER PLATE Check one

<input type="checkbox"/> STANDARD  RECOMMENDED	<input type="checkbox"/> FULL 	<input type="checkbox"/> ANTERIOR 	WIDTH <input type="checkbox"/> Central only <input type="checkbox"/> Lateral to lateral <input type="checkbox"/> Canine to canine
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LOWER PLATE Check one

<input type="checkbox"/> STANDARD  RECOMMENDED	<input type="checkbox"/> FULL 	<input type="checkbox"/> ANTERIOR 
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UPPER BAND Check one

<input type="checkbox"/> SIMPLE BUCCAL  RECOMMENDED	<input type="checkbox"/> 3/4 	<input type="checkbox"/> SIMPLE LINGUAL 	<input type="checkbox"/> FULL 
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LOWER BAND Check one

<input type="checkbox"/> 3/4  RECOMMENDED	<input type="checkbox"/> SIMPLE LINGUAL 	<input type="checkbox"/> SIMPLE BUCCAL 	<input type="checkbox"/> FULL 
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NOTE TO LABORATORY:
PLEASE FILL THE ONLINE ORDER FORM
AT WWW.PANTHERADENTAL.COM

SIGNATURE

I want my D-SAD to be manufactured by Panthera Dental Inc.

TERMS AND CONDITIONS

Sole and Entire Agreement: Upon acceptance by Ottawa Dental Laboratory (“Ottawa”), this prescription, including these terms and conditions, shall constitute the sole and entire agreement between you and Ottawa. Ottawa shall not be bound by any additional provision or any provision that varies herewith or that may appear in any other communication that you have sent to Ottawa unless such provision is expressly agreed to in a writing signed by Ottawa. Your acceptance of or payment for goods or services furnished hereunder shall constitute acceptance of such goods or services subject only to the provisions set forth herein.

Compliance with the Illinois Dental Practice Act: Sec. 5b of the Illinois Dental Practice Act requires a licensed dentist who employs or engages services of a person, firm or corporation to construct or repair prosthetic appliance, to furnish a written work order on a form approved by the Illinois Department of Registration and Education which shall contain: (1) name and address of person, firm or corporation to which work order is directed. (2) patient’s name or identification number, and if number is used, patient’s name must be written upon duplicate copy retained by dentist. (3) date on which work was written. (4) description of work to be done, including diagrams if necessary. (5) specification of type and quality of materials to be used. (6) signature of dentist and number of his license.

Dentist and laboratory must retain their respective copies of work order for three (3) years for inspection at any reasonable time by The Department of Registration and Education or its duly authorized agents.

Failure of dentist to comply in any given case is a misdemeanor, and license may be revoked or suspended. Failure of laboratory to comply is a misdemeanor.

Sec. 5b(3) of the Illinois Dental Practice Act provides: ‘If the person, firm or corporation receiving a written order from a license dentist engages another person, firm or corporation (hereinafter redeemed to as ‘sub-contractor’) to perform some of the services relative to such work order, he or it shall furnish a written sub-work order with respect thereto on forms prescribed by the Department of Registration and Education which shall contain: (a) The name and address of the sub-contractor. (b) A number identifying the sub-work order with the original work order which number shall be endorsed on the work order received from the licensed dentist. (c) The date on which the sub-work order was written. (d) A description of the work to be done by the sub-contractor, including diagrams, if necessary. (e) A specification of the type and quality of materials to be used. (f) The signature of the person, firm or corporation issuing the sub-work order. The sub-contractor shall retain the sub-work order and the issuer thereof shall retain a duplicate copy attached to the work order received from the licensed dentist for inspection by the Department of Registration and Education or its duly authorized agents for a period of three (3) years in both cases. Failure of laboratories to comply is a misdemeanor.

Limitation of Remedies/Waiver of Damages: Ottawa warrants that its dental restorations will be free from material defects. In the event of a material defect, Ottawa, in its sole discretion, shall repair or replace the restoration, or issue a credit for the purchase price. You agree to accept these as your sole and exclusive remedy. To the maximum extent permitted by applicable laws, Ottawa expressly disclaims any other warranty or additional liability for any damages, including lost profits, and any special, consequential, incidental or exemplary damages that may result, directly or indirectly, in connection with the purchase of any dental restoration, including: cash refunds for work you completed, costs for removal of reinsertion, lost chair-time, transportation costs, lost wages, or allowance for pain and suffering.

Late Payments: All invoices shall be paid in full within 30 days. Any unpaid balance shall incur a late charge of 2%. In the event you fail to make payments (including late charges) when due, Ottawa may, in its sole discretion, withhold all goods or services that you have ordered from Ottawa until payment is received, and may require C.O.D. payments from you in the future.

Illinois law: This Agreement shall be governed by, and construed in accordance with Illinois law without regard to its conflicts of laws principles. You agree that all disputes arising out of this Agreement shall be subject to the exclusive jurisdiction of and venue in the federal and state courts within Cook County, Illinois, and hereby consent to the personal and exclusive jurisdiction of and venue in these courts. You shall be responsible for all costs and expenses (including attorneys’ fees) that Ottawa incurs to enforce its rights under this Agreement.