

**PLEASE,  
SEND THESE  
RECORDS FOR PREDICTABLE  
AND DESIRED  
RESULTS:**

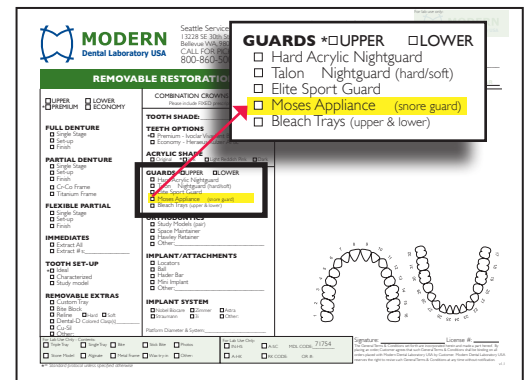
**(VERY IMPORTANT- BITE REGISTRATION ON BACK)**

**1 TERMS & CONDITIONS**

Please fill out this short, one page sheet and sign at the bottom. You can find this sheet in your Starter Kit packet or at [themoses.com/resources](http://themoses.com/resources). Return this signed Terms & Conditions with your Moses case or fax it to 425-283-4911.

**2 RX**

Please include Dr name, patient name and accompany with a bite registration (*instructions on back*) and polyvinyl rubber impressions. Your Rx form can be found in your Starter Kit. Call us if you'd like to order more. (877-711-8778)



**3 THE IMPRESSIONS**

UPPER & LOWER impressions are needed so the lab can make separate models for the upper vacuum-formed retainer and the appliance itself. Take full extension impressions into maxillary vestibule and mandibular sublingual area. Full mandibular lingual extension is necessary because we want to enable our device to discourage low tongue position and stimulate a high tongue position in the roof of the mouth. Use of a **polyvinyl rubber** is strongly recommended for the impressions. Send the upper & lower impressions to the lab, **not the models**.

**4 BITE REGISTRATION ON BACK** also at [www.themoses.com/bite](http://www.themoses.com/bite)

# 8-STEP BITE PROTOCOL

In order to achieve predictable results, this bite protocol **MUST BE USED!**

Please call if you have any questions or concerns. 800-860-5006.

Watch the video at  
[www.themoses.com/bite](http://www.themoses.com/bite)



1 Generously **APPLY LIP BALM** to patient's lips, this helps in identifying lip seal.



2 One at a time, stack the shims - like legos - to the **MAXIMUM** vertical, whereby the patient closes comfortably and the lips seal together in an **UNSTRAINED LIP CLOSURE**.



Ask the patient "Can you comfortably keep your lips together or is it a strain?" If patient is straining, reduce the stack of shims one by one until you **ACHIEVE A DESIRED VERTICAL**. Remove shims from patient's mouth.



3 On **ONE** bite shim, spread your bite registration material (*strongly recommend Discus Dental's Vanilla Bite*), onto the male surface (with wavy indentation). Attach the male surface to the **MAXILLARY** arch from second bicuspid to second bicuspid.



4 With the remaining shims stacked together -like legos, **REPEAT STEP #3** with the bite material on the male surface (with wavy indentation) facing the **MANDIBULAR** arch. Allow bite material to set.



5 Mark the **SKELATAL MIDLINES** (upper and lower) with a wax pencil. Then instruct the patient to slide the mandible forward to a comfortable protrusive position. If the patient has a functional shift to the left or the right that is comfortable for the patient or necessary for TMJ function – please make a note of that on the RX for proper fabrication in that position. (*Use a mirror to help the patient locate this position and ask them to hold it for 1 minute to ensure patient comfort.*)



6 In this position, **MARK A LINE ON THE TOP SURFACE** of the lower segment of shims to record the correlation between the upper and lower segments.



7 With a new tip extrude bite registration material between the posterior segments and **OVERLAP THE FRONT SEGMENT** to hold together in one piece. Be sure to record the entire arch with registration material.



8 Remove bite registration from the mouth and trim excess with a sharp scalpel. Send to MDL USA with **PVS IMPRESSIONS (NOT MODELS)** for fabrication of your Moses™ appliance.

**\*\*Remember: This specific bite is step #1 in designing The Moses™.**