

# CLINICAL TECHNIQUES FOR PRESCRIBING OVENTUS O<sub>2</sub>VENT™ ORAL DEVICES



O<sub>2</sub>Vent™ W  
(pending FDA clearance)

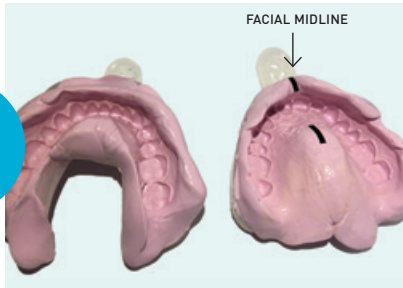


O<sub>2</sub>Vent™ T



O<sub>2</sub>Vent™ Mono

STEP  
1



Benchmark impressions with upper facial midline marked

## TAKE UPPER AND LOWER IMPRESSIONS

Using standard dental techniques, record the patient's upper and lower dental impressions. Mark facial midline with permanent marker on the upper impression tray. These impressions will be used by Oventus to create dental models for use in the manufacturing process.

- Use a fast set medium/heavy body PVS impression material (Alginate impression material will degrade during transportation and is not suitable).
- Ensure there are no drag marks and that all teeth in the arches are recorded.

STEP  
2



Calipers measuring the bite

## RECORD PROTRUSIVE BITE

Using a George Gauge or other bite registration tool of your choice, record the patient's bite at your preferred percentage of protrusion (commonly 50-60%). The bite record is used by Oventus to set the level of protrusion and titration range of the oral device.

- Please use standard bite registration material (PVS or putty).

- Ensure the vertical distance between the upper and lower arch is a **minimum of 5mm** universally. This is critical to incorporate the Oventus Airway Technology in the device design.
- Check the vertical dimension at the anterior and posterior of bite record with calipers, measuring the deepest point of the cusp.

STEP  
3



Place in suitable packaging

## DECONTAMINATION AND PACKAGING

The impressions and bite registration should be decontaminated according to normal practice to prepare them for shipment to Oventus Medical.

- Package the decontaminated records in a secure zip lock bag, label with the patient's name and place in suitable packaging for protection during transport.

- Please address and send to:

**Oventus Medical USA Inc.**  
c/o The UPS Store  
227 Bellevue Way NE, PMB75  
Bellevue, WA. 98004

**Phone: 844-780-5957 or**  
**email: [info@oventusmedical.com](mailto:info@oventusmedical.com)**

STEP  
4



Device request form

## COMPLETE DEVICE REQUEST FORM

Please complete all information requested on the Oventus Device Request form. Contact us if you require a copy or visit [www.oventusmedical.com](http://www.oventusmedical.com)

- Please ensure that you complete all requested information as this will assist the Oventus Manufacturing team to design and manufacture your patient's device to your specifications.

- Please record any additional specific clinical notes or requests in the comments section provided.
- Insert the Device Request form inside the package, ensure it is signed.

For technical queries and for more information please contact [info@oventusmedical.com](mailto:info@oventusmedical.com) or call 844-780-5957

[www.oventusmedical.com](http://www.oventusmedical.com)

