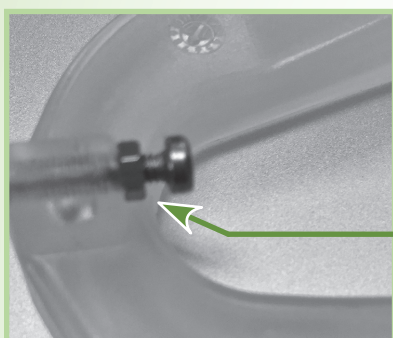
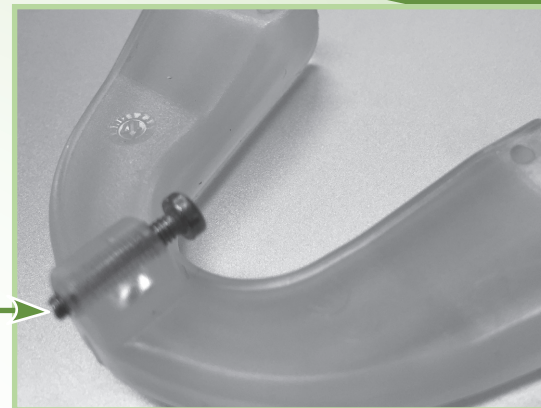


SomnoGuard AP2®

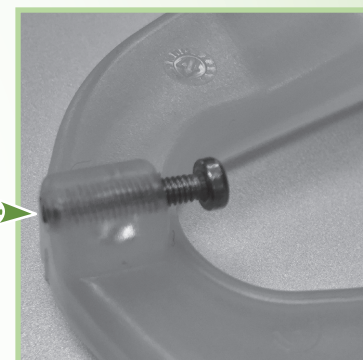
Titration & Screw Configuration

Upon completion of the 3-step custom fitting process it is recommended to initiate therapy in, or as close as possible to, the patient's normal occlusion.

This requires the Titration screw to be flush with the front of the screw post. If the threads protrude beyond the surface (depicted) or too deep in the post, use the enclosed allen wrench to adjust accordingly.



Appropriate configuration of the screw is depicted with the threaded end of the screw being just below flush with the front of the post on the lower tray.



It is *highly encouraged* to incorporate the included lock nut provided with each SomnoGuard AP2 to secure the titration screw from

undesirable rotation and lock in the desired amount of mandibular advancement throughout the titration process and subsequent use.

Steps to incorporate the Lock Nut on the Titration Screw

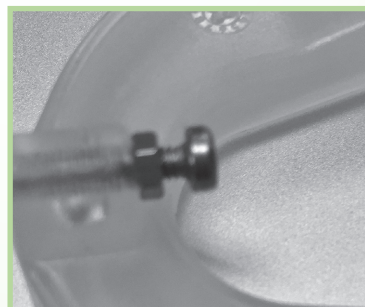


Use Allen Wrench to remove screw from post by turning counterclockwise (approximately 20 turns)

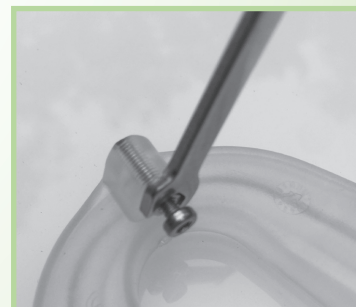


Screw Lock Nut onto the titration screw.

(NOTE: The longer screw is for advancing beyond 4mm)



Reinsert the screw/lock nut combination until threads are **JUST SHORT OF FLUSH** with the outer surface of the post. Use enclosed open end wrench to snug lock nut to the inner surface of the post. It's imperative to have enough space for the C-Channel of the upper tray to slide freely between the Head of the Screw and Lock Nut. If C-Channel does not slide freely, loosen lock nut, turn titration screw ½ turn counterclockwise and retighten nut, repeat until adequate space remains for unrestricted C-Channel movement.



RECOMMENDED TITRATION PROTOCOL: 2mm every other week until subjective efficacy is achieved.
(5 counterclockwise turns = 2mm, one full rotation = .4mm)