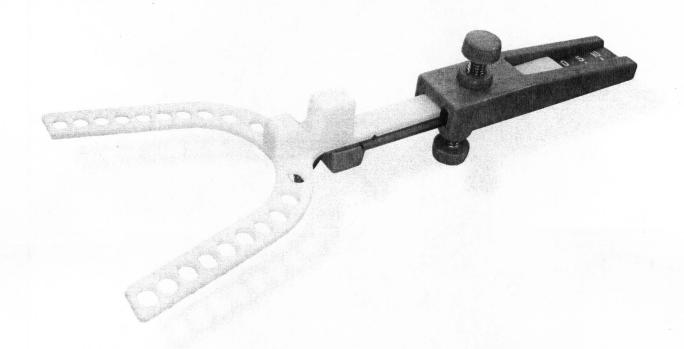
The

GEORGE GAUGE

At Last: An Instrument that Automates the Bite Registration for Functional Orthodontic and Sleep Appliances



The GEORGE GAUGE Replaces the Guesswork in Construction Bites with a Simple, Accurate Technique.

THE PROBLEM

The most critical factor in a successful functional orthodontic and sleep appliance is a correct bite registration. Yet for nearly a century, dentists have been guessing its location and free-handing its registration. The results are sometimes less than ideal.

THE SOLUTION

The George Gauge takes the guesswork out of establishing a bite registration and makes it simple.

BETTER APPLIANCES FOR YOUR PATIENTS

The George Gauge will enable you to confidently record the construction bite position in the treatment chart of each patient. Regardless of your present degree of sophistication and skill, you will experience more consistent success when using a George Gauge.

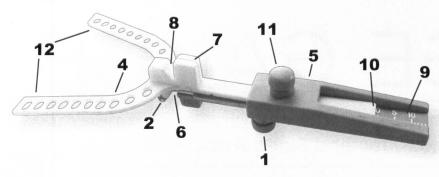
THE CORRECT CONSTRUCTION BITE

The optimum position of the construction bite varies in each patient. It obviously is somewhere between centric relation and full protrusive, but there are no landmarks that can be used to accurately locate it. No relationship of upper to lower incisors can be correct for all patients. For example, an end-to-end position is an insufficient advancement for some, and an impossible strain for others.

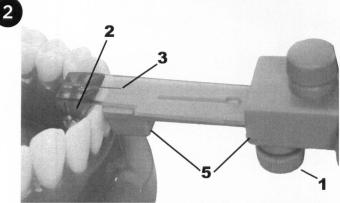
Ideally, functional and sleep appliances are designed to correct the patient's problem without discomfort or strain on the muscles and joints. Until now, there was no easy way to locate and register a proper starting point for these appliances. With the George Gauge, it's simple, quick, and accurate.

The George Gauge is a tradename of Dr. Peter T. George of Honolulu, Hawaii © Copyright and All Rights Reserved, 2015

The GEORGE GAUGE

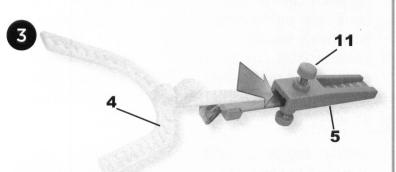


LOOSEN LOWER TURN SCREW (1) and slide Lower Incisor Clamp (2) forward.



PLACE THE LOWER INCISOR CLAMP (2) over the incisal edge and rest it against the lingual aspect of the lower anteriors. Make sure the Lower Midline Indicator (3) overlaps the midline of the lower centrals.

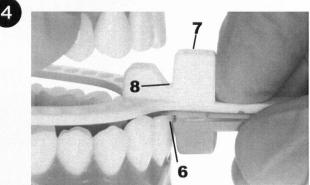
SLIDE THE LOWER INCISOR CLAMP (2) back into the George Gauge Body (5) until the body is intimately contacting the facial aspect of lower anteriors. Tighten the Lower Turn Screw (1).



REMOVE GEORGE GAUGE FROM MOUTH and loosen the Upper Turn Screw (11). Place Bite Fork (4) into Body of George Gauge (5).

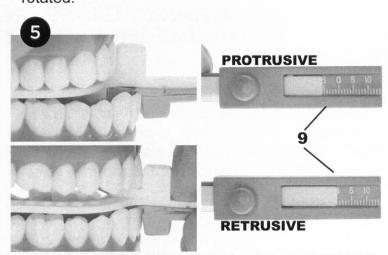
USE WHITE BITE FORK (4) for 5mm between incisors or Gray for 2mm.

- 1 · Lower Turn Screw
 - 2 · Lower Incisor Clamp
- 3 · Lower Midline Indicator
- 4 · Bite Fork
- 5 · George Gauge Body
- 6 · Lower Incisor Notch
- 7 · Upper Midline Indicator
- 8 · Upper Incisor Notch
- 9 · Millimeter Scale
- 10 · Marking End of Bite Fork
- 11 · Upper Turn Screw
- 12 · Bite Fork Prongs



RETURN GEORGE GAUGE TO MOUTH with Lower Incisor Notch (6) centered over lower incisors. Instruct patient to close into Upper Incisor Notch (8), with Upper Midline Indicator (7) between upper central incisors.

USE OF ACRYLIC BUR MAY BE NEEDED to modify Upper Incisor Notch if upper incisors are rotated.



first into full protrusive position and observe movement on Millimeter Scale (9) and record. Then have patient position mandible as far back as possible. Observe Millimeter Scale (9) and record.

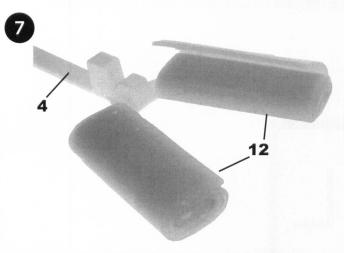
IF PATIENT'S MIDLINE DEVIATES to one side, take note but do not attempt to correct. Allow patient to follow their normal trajectory pattern.

CALCULATE AND SET THE STARTING POSITION. Add the protrusive number and most retrusive number as recorded and multiply by 50-70%. Remove from mouth and slide the Marking End of the Bite Fork (**10**) to the calculated number on the Millimeter Scale (**9**). Tighten Upper Turn Screw (**11**).

RETURN GEORGE GAUGE TO PATIENT'S MOUTH and have patient hold protrusion for 5 minutes. Ask patient if there is any discomfort and check for pronounced TMJ tension.*

REMOVE George Gauge from patient's mouth.

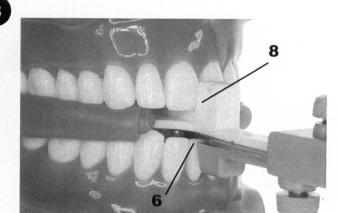
*Patients with TMD issues may require mandibular advancement (accomplished by gradually titrating forward from standard calculation.



PLACE REGISTRATION MATERIAL (wax or silicone putty) on Bite Fork (4).

FOR WAX: Cut two 3" x 1.5" pieces of base plate wax. Soften in water at 140° F. Wrap one piece around each Bite Fork Prongs (**12**).

FOR PUTTY: Mix putty and hardener according to manufacturer's directions, roll into cigar shape, pinch in half, and impale on each prong of Bite Fork Prongs (12).



RETURN GEORGE GAUGE TO MOUTH with Upper Incisor Notch (8) centered over upper incisors. Guide jaw into Lower Incisor Notch (6).

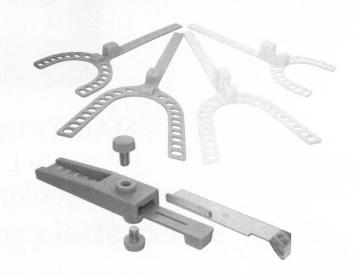
DO NOT ATTEMPT TO CORRECT patient's mandible position if it naturally shifts while closing into protruded bite. Instead, duplicate this relationship in the bite.

STEP 9 CONTINUED ON NEXT PAGE →

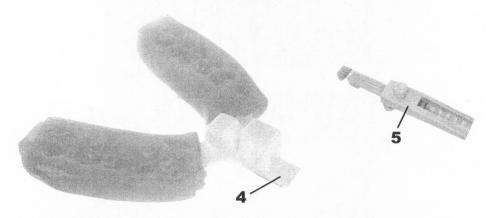
FOR PATIENTS WITH DIFFICULTY correctly closing into the Bite Fork loaded with wax or putty, proceed as follows:

After **Step 6**, properly position the notches of the George Gauge on the incisors with no material on the Bite Fork.

Inject polyvinylsiloxane onto the teeth and Bite Fork through the occlusal spaces.



The GEORGE GAUGE



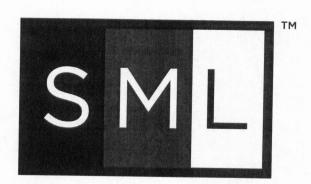
AFTER REGISTRATION MATERIAL has sufficiently hardened, remove from mouth and separate Bite Fork (4) from George Gauge Body (5). George Gauge Body can now be set aside.

CHECK RELATIONSHIP OF BITE TO WORKING MODELS:

CLEAN BUBBLES AND EXCESS STONE from models carefully, without removing any stone that represents tooth structure.

FIT MODELS INTO BITE and ensure positive seat. If models rock in bite, there is a good chance that models are distorted. If so, immediately take new impressions and pour up new models.

PLACE BITE FORK AND BITE into a plastic bag and wrap separately from models. Wrap models individually and secure with rubber bands. Place models in bottom of box, Bite Fork on top. Include Rx and finishing instructions and send to SML - SPACE MAINTAINERS LABORATORIES.



SPACE MAINTAINERS LABORATORIES

9129 Lurline Ave. Chatsworth, CA 91311

www.SMLglobal.com 800-423-3270

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