

GEORGE GAUGE® INSTRUCTIONS

A favorite of doctors for years, our popular George Gauge® is now autoclavable.

Ideal for mandibular repositioning, the George Gauge allows the clinician to capture the protrusive bite registration and vertical opening without relying on the patient to achieve proper positioning.

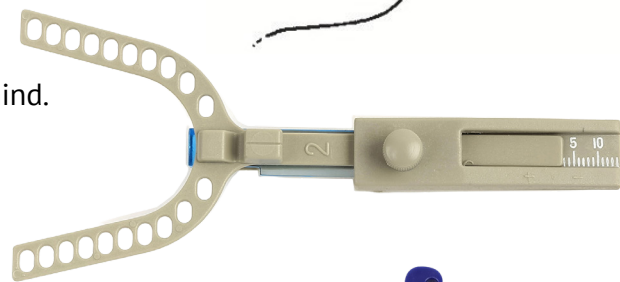
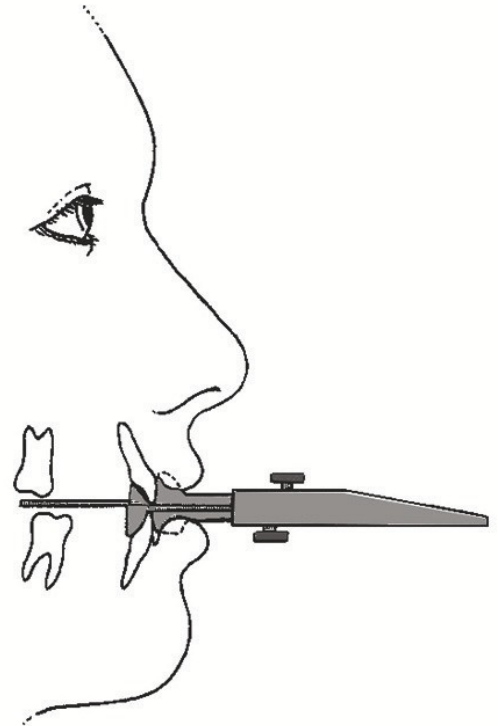
Where is the correct construction bite?

The optimum position of the construction bite varies in each patient. It obviously is somewhere between centric relation and full protrusive. 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.

Indications for use

- **Incisors:** End-to-end, or a number of millimeters ahead or behind.
- **Centric:** or a number of millimeters ahead.
- **Protrusive:** or a number of millimeters behind.
- **Protrusive Range**
- **Posterior Clearance**
- **2mm Bite Fork:** Measures anterior vertical dimension. Ideal for deep bite cases.
- **3mm Bite Fork:** Measures posterior opening only.
- **5mm Bite Fork:** More widely preferred for measuring the anterior vertical dimension.

Regardless of where you measure, you will do it easier, quicker, and more accurately using a George Gauge. The George Gauge enables you to confidently record the baseline position in the treatment chart of each patient, and experience more consistent success.



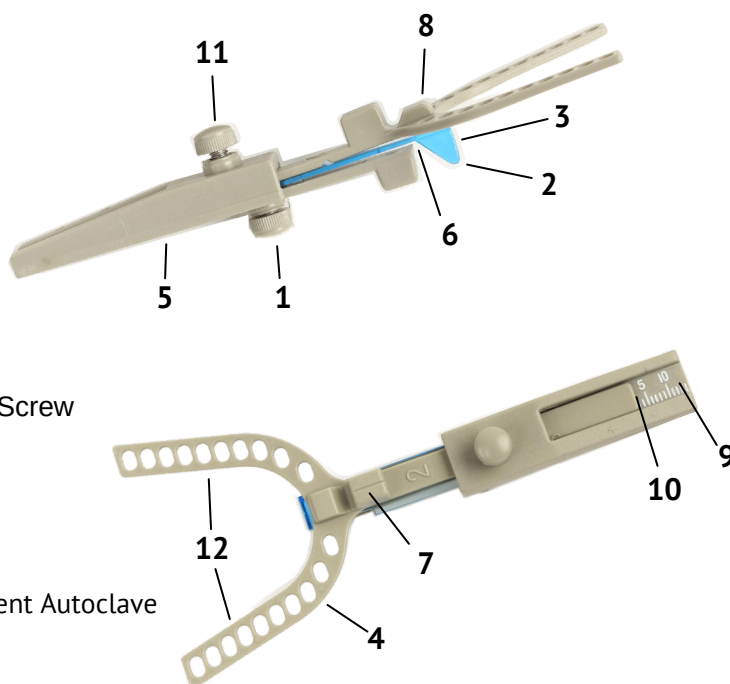
3mm Posterior Bite Fork

GEORGE GAUGE® INSTRUCTIONS

How to Use the George Gauge®

- 1 Lower Set Screw
- 2 Lower Incisor Clamp
- 3 Lower Midline Indicator
- 4 Bite Fork* (Single patient use)
- 5 Body of George Gauge
- 6 Lower Incisor Notch
- 7 Upper Midline Indicator
- 8 Upper Incisor Notch
- 9 Millimeter Scale
- 10 Marking End of Bite Fork
- 11 Upper Set Screw
- 12 Prongs of Bite Fork

- Shown with 2mm Bite Fork



Sterilisation Parameters

121°C for 30 minutes in a Gravity Displacement Autoclave

Steps:

A. Loosen [Lower Set Screw](#) (1), and slide [Lower Incisor Clamp](#) (2) forward. You may not need to adjust it to seat on the lower anteriors.

B. Center [Lower Midline Indicator](#) (3) over central incisors.

C. Loosen Upper Set Screw and place [Bite Fork](#) (4) into the [Body of George Gauge](#) (5).

D. Return [George Gauge](#) to mouth with [Lower Incisor Notch](#) (6) centered over lower incisors, and instruct patient to close into [Upper Incisor Notch](#) (8) with [Upper Midline Indicator](#) (7) between the upper incisors.

E. Use [Acrylic Bur](#) to modify [Upper Incisor Notch](#) (8) if the upper incisors are maloccluded or thick veneers.

F. Instruct patient to [Slide Mandible](#) first into centric occlusion, then have patient exercise back-and-forth as you observe these locations when fully protruded, and at normal bite on the [Millimeter Scale](#) (9). Add the two locations and deduct 60-65% off the maximum protrusion. Or, with normal bite cases/Class I, the position can be observed while patient is at edge-to-edge position. Then, capture the location and record on the patient's chart. This will be the baseline and start position of your oral appliance.

G. Place [Registration Material](#) (silicone putty) on [Prongs of Bite Fork](#) (12) and capture bite unless you are using a scanner. If scanning, place registration material in molar region only. Once the location is achieved, record that measurement and remove the bite fork from the gauge. On the under side of the bite fork, snap off at the indentation. Then, scan with bite in place and upload files to our portal and Great Lakes will digitally create your bite. When not scanning, mix registration material and place on the entire perforated portion of the bite fork.

H. After registration material has sufficiently hardened, remove from mouth. Send the [Bite Fork](#) (4) and [Models](#) to 3D Sleep. Do Not Send Gauge. Autoclave the gauge after each use.

I. If technique calls for maintaining a midline discrepancy, place a mark on upper incisor to guide patient to proper transverse closure. Or, if a natural deviation, please mark on the Rx.