

Spatial Frame Prescription

Case Name: *Test1*

Your Contact Info for this Case:

Your Notes for this Case:

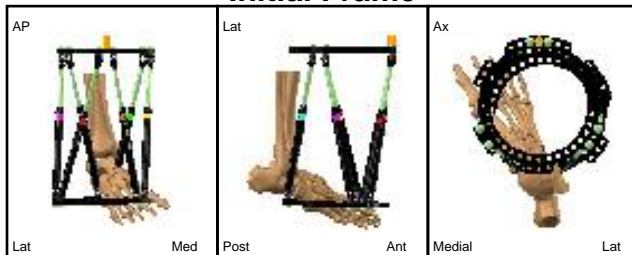
Oystein Bjelland

004792213506

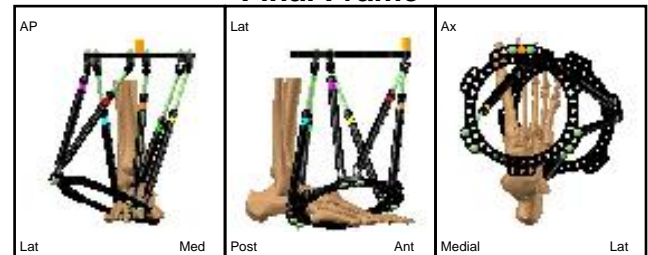
oystein.bjelland@ntnu.no

Frame Previews







Initial Frame



Final Frame



Prescription

Date	WkDay	Day	Strut 1 	Strut 2 	Strut 3 	Strut 4 	Strut 5 	Strut 6 
04/15/22	Fri	0	250	240	240	240	240	240
04/16/22	Sat	1	208	200	233	241	225	172

Strut Change-Outs

Change-Out	Strut	Overlap Interval		Strut Change	
		First Day	Last Day	From	To
No Strut Change outs are required.					