Precision Dental Restoration

Office Use Only

Case # _____

Received _____

Dr. _____

E-Mail Address _____

Dr. Phone Number: _____ Date: _____

Patient: _____

Date Wanted: _____ Date & Time due: _____

Patient: _____ Male _____ Female Age: _____

	Y	N
Please call Dr.		
Disinfected		
Photos		
Surgical Guide		
Midlinemark		
Metal Try-In		
Set Up		
Process		
Cusil		
Nightguard		
Custom Tray		
Wax Bite		
Mold of old Dent.		

High Quality Tooth Shade		
		IPN
		Ivoclar
		Vita

Econo Tooth Shade				
59	62	65	66	
67	69	77	81	
Teeth				

Acrylic Shade	
	Light (199
	Medium
	Dark
	Clear

Tooth Shade: _____

Mould (optional): _____

Mould: ❑ Soft ❑ Medium ❑ Bold

❑ Need more lab slips

Signature: _____ Lic. No. : _____

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2nd Appt: Evaluation of Set-Up

❑ Reset ❑ Reset and Process
❑ Process as is ❑ Photo of Smile with Try-In

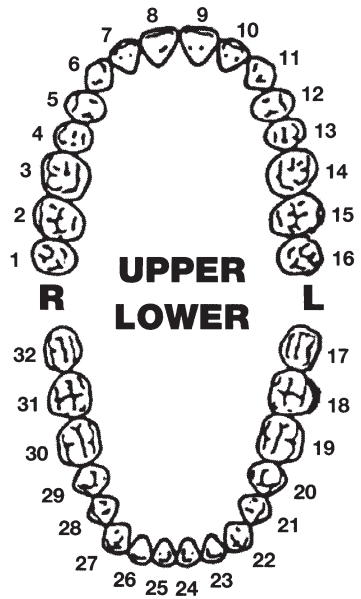
Retention ❑ Good ❑ Needed Adjustments
Hint: DDS adjustments could include:
- adjust over-extended borders
- compound, extend short borders
- At final try-in only, if necessary, take wash impression without altering VDO

Incisal Edge ❑ OK ❑ Change
Hint: DDS adjustments could include:
❑ length _____
❑ overjet _____
❑ overbite _____
❑ inclination _____

Midline ❑ OK ❑ Change
Hint: mark midline with fine-tip sharpie
- placement
- cant

Lip Support ❑ OK ❑ Change
Hint: add wax to flange to increase
❑ increase
❑ decrease

Buccal Corridor ❑ OK ❑ Change
❑ widen arch (show more of posterior teeth)
❑ narrow arch (show less of posterior teeth)

Upper Plane of Occlusion
❑ OK ❑ Change ❑ Photo Enclosed
Hint: stick bite photo shows improper cant or smiling photo shows improper horizontal plane

VDO ❑ OK ❑ Change
❑ speaking _____
❑ appearance _____
❑ lip seal/commisure is: ❑ stretched (over open) ❑ folded (over closed)