

Diagnostic Instructions

Dentist Information	Patient Information																																
Dentist Name:	Patient's Name:																																
Address:	Date Sent:Return Date:																																
Phone: Signature:	TYPE OF CASE: Diagnostic Consultation <input type="checkbox"/> Diagnostic Wax-up <input type="checkbox"/>																																
Notes																																	
Required Photographic Checklist																																	
<input type="checkbox"/> Portrait (1:10) <input type="checkbox"/> Lips in Repose (1:10) <input type="checkbox"/> Preop Maximum smile (1:2) <input type="checkbox"/> Preop <input type="checkbox"/> Lips Retracted: last view upper incisors 1:2 <input type="checkbox"/> Lips Retracted: frontal view molar 1:2 Occulasal <input type="checkbox"/> Preop <input type="checkbox"/> Open 2mm at incisal edge <input type="checkbox"/> Preop <input type="checkbox"/> Stick Bite																																	
PHONE ME TO DISCUSS CASE BEFORE STARTING <input type="checkbox"/>																																	
Diagnostic Wax-up required for: <table style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="border-right: 1px solid black; padding: 0 5px;">8</td><td style="padding: 0 5px;">7</td><td style="padding: 0 5px;">6</td><td style="padding: 0 5px;">5</td><td style="padding: 0 5px;">4</td><td style="padding: 0 5px;">3</td><td style="padding: 0 5px;">2</td><td style="padding: 0 5px;">1</td> <td style="border-right: 1px solid black; padding: 0 5px;">1</td><td style="padding: 0 5px;">2</td><td style="padding: 0 5px;">3</td><td style="padding: 0 5px;">4</td><td style="padding: 0 5px;">5</td><td style="padding: 0 5px;">6</td><td style="padding: 0 5px;">7</td><td style="padding: 0 5px;">8</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 0 5px;">8</td><td style="padding: 0 5px;">7</td><td style="padding: 0 5px;">6</td><td style="padding: 0 5px;">5</td><td style="padding: 0 5px;">4</td><td style="padding: 0 5px;">3</td><td style="padding: 0 5px;">2</td><td style="padding: 0 5px;">1</td> <td style="border-right: 1px solid black; padding: 0 5px;">1</td><td style="padding: 0 5px;">2</td><td style="padding: 0 5px;">3</td><td style="padding: 0 5px;">4</td><td style="padding: 0 5px;">5</td><td style="padding: 0 5px;">6</td><td style="padding: 0 5px;">7</td><td style="padding: 0 5px;">8</td> </tr> </table>		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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Occlusal Analysis: <input type="checkbox"/> Develop canine guidance <input type="checkbox"/> Group function <input type="checkbox"/> Restore worn teeth Cosmetic Issues: <input type="checkbox"/> Short teeth make longer <input type="checkbox"/> Adjust midline <input type="checkbox"/> Close diastema spaces <input type="checkbox"/> Shape change <input type="checkbox"/> Contour change <input type="checkbox"/> Shade change <input type="checkbox"/> Develop buccal corridor																																	
Lip Line Position:	<input type="checkbox"/> Normal <input type="checkbox"/> Low <input type="checkbox"/> High																																
Incisal Edge Position:	_____ _____ is correct Match _____ _____ to _____ _____ Shorten _____ _____ by _____ mm Lengthen _____ _____ by _____ mm <input type="checkbox"/> Align with Stick Bite																																
Midline:	Is currently correct, copy Stick Bite. Is correct but canted to: <input type="checkbox"/> Left <input type="checkbox"/> Right Move midline _____ _____ mm to <input type="checkbox"/> Left <input type="checkbox"/> Right																																
Anterior long axis:	Tilt _____ _____ mesially Tilt _____ _____ distally																																
Anterior arch form:	Bring _____ _____ out (Buccally) into line with: _____ _____ Bring _____ _____ in (Palatally) into line with: _____ _____																																
Missing teeth:	Make _____ _____ look like _____ _____																																
Posterior long axis and buccal corridor:	Bring _____ _____ out (Buccally) into line with: _____ _____ Bring _____ _____ in (Palatally) into line with: _____ _____																																
Proportions:	Make _____ _____ narrower Make _____ _____ wider																																
Gingival heights:	Raise _____ _____ align with: _____ _____ Lower _____ _____ align with: _____ _____																																
Models, Matrix and Stent selections:	<input type="checkbox"/> Silicone Matrix for provisionals <input type="checkbox"/> Prep reduction Matrix <input type="checkbox"/> Clear Vacuum formed Stent for provisionals <input type="checkbox"/> Model of Prep Design <input type="checkbox"/> Special Tray <input type="checkbox"/> Bite Block <input type="checkbox"/> Other																																