

### Doctor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

License # \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M  F

### Diagnostic Results

Skin Type: Light  Dark

Height approx. \_\_\_\_\_ / \_\_\_\_\_ Feet / Inches

Current Facial Picture

Earlier Facial Picture

Diagnostic Models of Existing Denture(s)

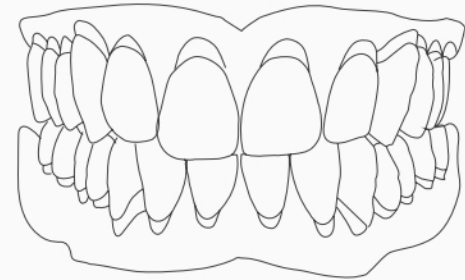
### Anterior Bite Relationship



Neutral  Distal  Mesial

### Additional Notes

- |   |  |
|---|--|
| <input type="checkbox"/> Prelim Imps.         | <input type="checkbox"/> Framework                 |
| <input type="checkbox"/> Custom Tray          | <input type="checkbox"/> Try-in                    |
| <input type="checkbox"/> Final Imps.          | <input type="checkbox"/> Frameworks w/ Bite Blocks |
| <input type="checkbox"/> Bite Back/Base Plate | <input type="checkbox"/> Framework w/ Teeth Try-in |
| <input type="checkbox"/> Gothic Arch Tracer   | <input type="checkbox"/> Framework Finish          |
| <input type="checkbox"/> Set-up for Try-in    |  |
| <input type="checkbox"/> Visual Try-in        |  |
| <input type="checkbox"/> Reset                |  |
| <input type="checkbox"/> Process & Finish     |  |



Premium  Stand  Digital

### Width of the anterior teeth



Width of the six anterior teeth in millimeters \_\_\_\_\_

### Length of the anterior teeth



Papilometer reading in millimeters \_\_\_\_\_

### Framework

- Metal  Try-in  
 Flexible  Finish

