

Dani Dental Studio Diagnostic Wax-up RX

(Please print.)

DR. _____

DATE _____

ADDRESS _____

PHONE (____) _____

CITY _____

STATE _____ ZIP _____

PATIENT'S NAME _____

AGE _____ M F

DUE DATE _____

The following information, along with detailed impressions/study models of the teeth and gingiva, will insure optimal treatment planning results and accurate provisionals:

1) **Main objective(s) of the treatment?** *(Shade change, improve smile, align teeth, etc.)*

2) **Brief outline of treatment plan?** *(Teeth #'s, restoration type(s), future txt. plans?)*

3) **This case will require:**

(Please check all boxes that apply)

- Opening the bite _____ mm ant.
post.
- Closing the bite _____ mm ant.
post.
- No change in the vertical dimension

Enclosed are the following:

(Please check all boxes that apply)

- Facebow enclosed
- CO bite registration enclosed
- CR bite registration enclosed
- Bite registration taken at desired vertical

4) **Should existing midline be kept? If *not*, please specify changes desired:**

- Yes No

5) **Incisal edge length/smile line** (*Impression or model of anterior mock-up if done?*)

Overlap? _____ mm.

Overjet? _____ mm.

6) **Pre-op photos and mock-up photos** (*if a direct composite mock-up was done*)
enclosed or E-mailed?

Please include the following pre-op photos for review:

1:10 Full Face, Smiling

1:2 Anterior, non-retracted photos

✓ Smiling

✓ "E" sound,

✓ Relaxed lips after "m..." sound

1:2 Anterior, retracted, teeth slightly apart

1:10 Photo of face bow in place. (*Patient standing with facebow level with the horizon.*)

How many?__ E-mailed to(Address):_____ On (Date): _____

7) **Interpupillary plane, anterior bite registration stick and photo enclosed?**

(*Note: This is not recommended if interpupillary/ facial asymmetries exist.*)

Yes

No

8) **Duplicate models after wax-up is complete?**

(*Strongly recommended in all cases being shipped!*)

Yes

No

9) **Vacuum-formed (Biostar®/microSTAR®) provisional template(s) or:**

10) **Siltex® Putty provisional index(s) or:**

11) **Siltex® Putty provisional index(s) with light-body wash?**

Yes

No (*Please circle choice above.*)

12) **Siltex® putty preparation guide made from diagnostic wax-up?**

Yes

No **Pre-sliced or non-sliced?** (*Please circle.*)

13) **I would like a model of the preparations that were done in the laboratory for this diagnostic wax-up.**

Yes

No

It is highly recommended that the doctor cuts the preparations on a duplicate set of the mounted diagnostic casts as the laboratory does not have access to all of the clinical information that can affect material choices and preparation design. This preparation done on the model also serves as a 'rehearsal' for the actual preparations.

Personal Signature of Dentist

Dentist License #