



DIAGNOSTIC WAX-UP & TREATMENT PLANNING

DENTIST: _____

PATIENT: _____

DATE: _____

- FULL ARCH IMPRESSION UPPER & LOWER
 - POLYVINAL
 - CLEAR, ACCURATE WITH LABIAL VESTIBULES
- CLEAR HAMLUAR NOTCH IF MOUNTING ON ACCULINER
- STICK BITE OR SYMMETRY BITE
- 12 AACD PHOTO SERIES
- TENS BITE OR MYO BITE IF OPENING VERTICAL DIMENSION
- NUMBER OF TEETH INVOLVED, BRIDGES, IMPLANTS, ETC
- REMOVABLE ORTHOTIC
- BONDED ORTHOTIC
- DESIRED LENGTH OF CENTRALS
- DESCRIPTION OF PATIENTS GOALS AND DESIRES