



COMPREHENSIVE

SMILE DESIGN CHECKLIST

(FULL ARCH RECONSTRUCTION)

DENTIST: _____

PATIENT: _____

DATE: _____

- MASTER UPPER FULL ARCH IMPRESSION WITH HAMULAR NOTCHES
- LOWER IMPRESSION OR ORIGINAL LOWER MODEL (IF NO ADJUSTMENTS MADE)
- DIAGNOSTIC WAX UP OR TEMP MODEL
- RETURN MOUNTING PLATES
- RELINED BITE STENT
- SYMMETRY BITE OF UPPER PREPS
- SHIMBASHI NUMBER
- STUMP SHADE OF CERVICAL MARGINS AND BODY
- INDICATE IF LOWER BONDED ORTHOTIC NEEDED
- PLEASE INDICATE IF OPENING BITE
- BRIDGES INDICATED: LVI OR PFM
- LENGTH OF BOTH CENTRALS
- SHADE OF FINAL RESTORATIONS
- SMILE DESIGN
- PHOTOS / SLIDES IF AVAILABLE