



## DIAGNOSTIC WAX-UP & TREATMENT PLANNING

DENTIST: \_\_\_\_\_

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

- FULL ARCH IMPRESSION UPPER & LOWER
  - POLYVYNAL
  - CLEAR, ACCURATE WITH LABIAL VESTIBLES
- 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

**AURUM**  
**ERAMIC®**  
**DENTAL LABORATORIES**

**1 - 8 0 0 - 6 6 1 - 1 1 6 9**