



FULL MOUTH RECONSTRUCTION CHECKLIST

DENTIST: _____

PATIENT: _____

DATE: _____

- MASTER UPPER FULL ARCH IMPRESSION WITH HAMULAR NOTCHES
- MASTER LOWER FULL ARCH IMPRESSION
- SHIMBASHI NUMBER
- RELINED BITE STENT
- SYMMETRY BITE OF UPPER PREPS
- STUMP SHADE OF CERVICAL MARGINS AND BODY
- LENGTH OF BOTH CENTRALS
- DIAGNOSTIC WAXUPS OF BOTH ARCHES
- RETURN MOUNTING PLATES
- TEMP MODELS OF BOTH ARCHES
- BRIDGES INDICATED: LVI OR PFM
- COMPOSITE BUILD UPS
- SMILE DESIGN
- SHADE OF FINAL RESTORATIONS
- PHOTOS / SLIDES IF AVAILABLE



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