DIAGNOSTIC WAX-UP &
TREATMENT PLANNING

DENTIST: ______________________________________

PATIENT: ______________________________________

DATE: _________________________________________

☐ FULL ARCH IMPRESSION upper & Lower
   – POLYVINAL
   – CLEAR, ACCURATE with LABIAL VESTABULES

☐ 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