

# Comprehensive

## Smile Design Checklist

(FULL ARCH RECONSTRUCTION)

Dentist: \_\_\_\_\_

Patient \_\_\_\_\_

Date: \_\_\_\_\_

- Master Upper Full arch impression with Clear hamular notches Analog / Digital
- Lower impression or Original Lower Model (if no adjustments Made)
- Diagnostic Wax Up or temp Model with Mounting Plates
- Relined Bite Stent
- Stick Bite
- Numbers of teeth and Products
- Vertical index numbers
- Please indicate if Opening Bite, and indicate Product for Lower
- Length of Centrals
- Prepared Tooth Shade
- Shade of Final Restorations
- Smile Design
- Digital Patient Photos



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