Extreme Makeover Denture Laboratory Communication Document

Please make a copy for your records and send original back with case each time

DENTIST NAME & Address: __________________________________________________________

PATIENT NAME: _________________________________________________________________

Personal Info: M/F: __________________________________________________________________

OVERALL CASE DESIGN:
________________________________________________________________________________

SMILE DESIGN:
Patient’s desires: ________________________________________________________________

Doctor’s comments: __________________________________________________________________

Aesthetic Changes: Add length ____ mm    Add fullness ____________    Other: _____________

Aesthetic Limitations: None ( ), Excess display of Ant teeth ( ), Excess display of Gingival tissue ( ), Severe Asymmetry ( )

Finished Shade: _________________________________________________________________

General shape: __________________________________________________________________

Incisal edge length: ______________________________________________________________

Other Comments ___________________________________________________________________

________________________________________________________________________________

LAB INSTRUCTIONS:

1. Duplicate dentures
2. Mount upper duplicate to fox that is enclosed
3. Mount lower duplicate to bite that is enclosed
4. Grind out teeth on duplicated dentures
5. Set new teeth in wax using the incisal edge index that is in the duplicated denture
6. Return for wax try-in, final impressions and final bite registration

ENCLOSED:

Cocoon of upper denture OR upper impression (circle which one)
Cocoon of lower denture OR lower impression (circle which one)
Fox/YAW registration
Bite registration (DO NOT SEND IBR)
2 Photographs showing before smile & incisal composite with high lip line

RETURN TO US:

Wax try in with teeth on UPPER
Wax try in with teeth on LOWER
Other

Dr's Signature: __________________________ Lic # ________ Date Due Back in Office: ________________
Visit 2

DENTIST NAME: ____________________________________________

PATIENT NAME: ___________________________________________

Doctor’s comments: _________________________________________

Changes Necessary:

Aesthetic Changes: Add length ___ mm Add fullness ________ Shift Midline to R or L: ___ mm

Other: _____________________________________________________

No changes necessary: ____________________

Just Finish and Process

Lab Instructions:
1. Pour up upper and lower final impressions
2. Remount to final bite registration
3. Make any necessary changes as indicated above

ENCLOSED:  
Upper & Lower without relining
________ Relined Upper denture (final impression)
________ Relined Lower denture (final impression)
________ Final bite registration

RETURN TO US: 
Reset teeth as indicated above for another wax try in
________ Finished NATURALIZED Denture on UPPER
________ Finished NATURALIZED Denture on LOWER
________ Other _____________________________________________

Dr’s Signature: __________________________ Lic # ________ Date Due Back in Office: ________________