



FOY 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

Doctor's 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: _____