Digital Denture Prescription

WIAND DENTAL LABORATORY

Case Number _____

Doctor: _____

License # _____

Patient Name: _____

☐ Male ☐ Female Age_____

ORDER

☐ 3D Bite Plate (functional impression trays with bite rims)

☐ Gnathometer (Gothic tracer)

Try-In Denture

☐ Monolithic White (Milled)

☐ Monolithic White (Printed)

Final Denture

☐ Printed (Temporary) ☐ Milled (Milled Teeth)

☐ Milled (Carded Teeth) ☐ Milled (Ivotion)

Denture Tooth Selection

SELECT BRAND

☐ Phonares® II

☐ BlueLine®

☐ Vivodent® S DCL

SELECT OCCLUSION

☐ Lingualized

☐ Semi Anatomic

☐ **Milled Denture Teeth**

Mould Selection*

Anterior Upper: _____

Shade Selection

(Vivodent® CAD)

BL3 A1 A2 A3 A3.5 B1 B3 C2 D2

_____

☐ **Carded Denture Teeth**

Mould Selection*

Ant Upper: _____ Lower:_____

Post Upper: _____ Lower:_____

Shade Selection

(16 A-D and BL1, BL2, BL3, BL4)

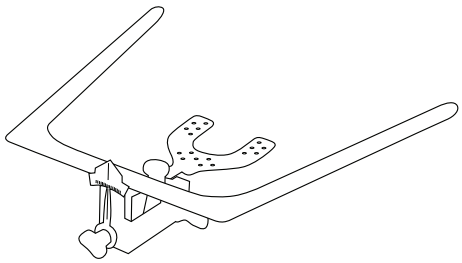
_____

Denture Base (Milled Only)

(IvoBase® CAD Shade) **(choose one)**

☐ **Pink** ☐ **Pink-V** ☐ **Pref.** ☐ **34-V**

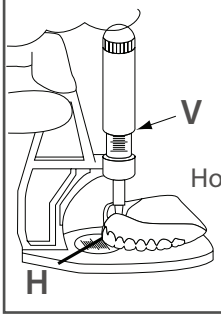
UTS CAD



(BP) Bipupillary Line_____+ or -

(CE) Camper's Plane_____+ or -

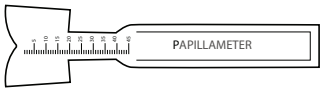
Denture Gauge



Vertical (V) = _____mm

Horizontal (H) = _____mm

Papillameter



Low Lip Line_____mm

High Lip Line_____mm

Instructions: _____

_____

_____

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