Digital Denture RX

WIAND DENTAL LABORATORY

Case Number

Doctor: _____

License # _____

Phone: _____

Patient Name: _____

Time Schedule

Set-up	6 Days
Finish	6 Days
Straight To Finish	8 Days

☐ Male ☐ Female Age_____ ☐ Try-in Denture ☐ Final Denture

Comments:

Oversize Process

Ivotiondent Multi

☐ yes ☐ no

Bonding

Tooth Moulds: Choose One

Maxilalary Anterior Tooth Mould: _____

Occlusion: Choose One

Tooth Shade: Choose One

Gingival Shade: Choose One

Monolithic Process

Ivotion Disc

Tooth Moulds: Ivotion® (Based on Phonares®II

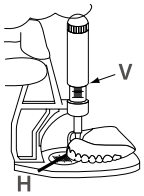
Maxilalary Anterior Tooth Mould: _____

Occlusion: Choose One

Tooth Shade: Choose One

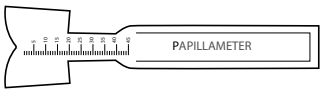
Gingival Shade: Choose One

Denture Gauge



	Actual	Desired
Maxillary	V_____	V_____
Maxillary	H_____	H_____
Mandibular	V_____	V_____

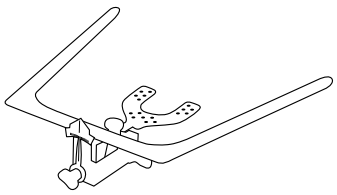
Papillameter



Low Lip Line_____mm

High Lip Line_____mm

UTS CAD



(BP) Bipupillary Line_____+ or -

(CE) Camper's Plane_____+ or -

Instructions: _____

_____

_____

480.446.7063 or 833.269.1195 | 10555 N. 114th Street, Suite #101 | Scottsdale, AZ 85259 | **www.wiandlab.com**

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Case Number

Fit Evaluation

Maxillary Choose One

Mandibular Choose One

Tooth Position Evaluation

Midline Choose One

Maxillary Incisal Length	☐	No Change	Increase _____mm	Decrease _____mm
Mandibular Incisal Length	☐	No Change	Increase _____mm	Decrease _____mm
Lip Support (Maxillary Incisal Labial Position)	☐	No Change	Increase _____mm	Decrease _____mm

Occlusal Plane (Bipupillary) Choose One

Occlusal Plane (Campers) Choose One

Bite Evaluation (VD + Vertical Dimension

Bite Acceptable	New Bite (Taken at Desired VD)	New Bite (Adjust VD Per Comments)

Comments: _____

_____

_____

_____

_____

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