

Universal Removable RX

Doctor Information

Name: _____

Address: _____

License # _____

Patient Information

Name: _____

Age: _____ Gender: M F

Diagnostic Results

Skin Type: Light Dark

Height approx. _____ / _____ Feet / Inches

Current Facial Picture

Earlier Facial Picture

Diagnostic Models of Existing Denture(s)

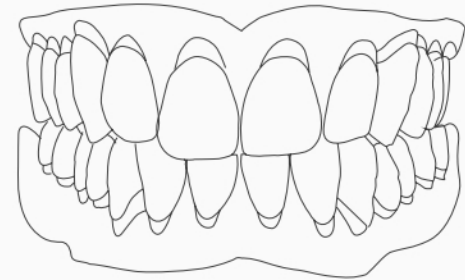
Anterior Bite Relationship



Neutral Distal Mesial

Additional Notes

- Prelim Imps.
- Custom Tray
- Final Imps.
- Bite Back/Base Plate
- Gothic Arch Tracer
- Set-up for Try-in
- Visual Try-in
- Reset
- Process & Finish
- Framework
- Try-in
- Frameworks w/ Bite Blocks
- Framework w/ Teeth Try-in
- Framework Finish



Premium Stand Digital

Width of the anterior teeth



Width of the six anterior teeth in millimeters _____

Length of the anterior teeth



Papilometer reading in millimeters _____

Framework

- Metal
- Flexible
- Try-in
- Finish

