CASE REQUIREMENTS

**DIAGNOSTIC WAX UP**

**REQUIRED:**
1. Rx Form (DWU or Comprehensive)
2. Max and Mand full arch impressions or casts
3. Facebow
4. Pre-operative portrait photo with horizontal line behind the Patient for reference between interpupillary line and tip of the nose:
   a. Repose
   b. Smile
   c. Lips retracted with teeth 1-2mm apart
5. Maxillary central incisal edge position

**RECOMMENDED:**
1. FGTP template
2. FGTP Photographic series
3. Tooth by Tooth Treatment Plan

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**TRIPLE TRAY IMPRESSIONS**

**REQUIRED:**
1. Completed Standard Rx Form
2. Impression - triple tray
3. Requested shade
4. Bite on prepared tooth/teeth only

**RECOMMENDED:**
1. Photo of shade tab next to natural teeth
2. Photo of prepared tooth with shade tab

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**SIMPLE CASES**

**Anterior units with Full Arch Impression**

**REQUIRED:**
1. Completed Standard Rx Form
2. Impression - triple tray
3. Requested shade
4. Bite on prepared tooth/teeth only
5. Maxillary central incisal edge position

**RECOMMENDED:**
1. Photo of shade tab next to natural teeth
2. Photo of prepared tooth with shade tab
3. “Go By” cast of provisional restoration, photo, etc.
4. Facebow if anterior teeth being restored.

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**COMPLEX CASES**

**Anterior and Posterior units with Full Arch Imp.’s**

**REQUIRED:**
1. Completed comprehensive Rx Form
2. Impression of prepared teeth
3. Impression/Cast of opposing arch
4. Bite on prepared tooth/teeth only
5. Requested Shade
6. Facebow of patient approved provisionals
7. “Go By” cast of provisional restoration, photograph, etc.

**RECOMMENDED:**
1. FGTP template of pre-op and provisional restorations
2. Cast of provisionals
3. Directed changes from provisionals
4. Pre-operative portrait photograph with horizontal line behind the patient for reference between interpupillary line and the tip of the nose:
   a. Repose
   b. Smile
   c. Lips retracted with teeth 1-2mm apart

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**IMPLANT CASES**

**REQUIRED:**
1. Impression coping with screw
2. Follow Simple or Complex case requirements
3. If multiple adjacent implants: are they splinted or single?
4. Screw or cement retained?

**RECOMMENDED**
1. Implant analog
2. Implant abutment
3. Anterior Cases - Custom impression post
4. Bite records not of soft tissue
5. Facebow if anterior teeth being restored.

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**LAB USE ONLY**

IMPRESSIONS/TRAYS: ..............................................
MODELS: ..............................................................
BITES: ..............................................................
PHOTOS: ..............................................................
CROWNS: ..............................................................
OTHER: ..............................................................

DIES: ..........................................................................
ARTICULATOR MAKE: .............................................
ARTICULATOR SERIAL #: .......................................  
ARTICULATOR BOX: ..................................................  
WAX UP MODELS: ..................................................  

PAN #: ......................................................................
INITIALS: ..............................................................
TIME: .......................................................................