

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

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

SIMPLE CASES Posterior units with full Arch Impression

REQUIRED:

1. Completed Standard Rx Form
2. Impression of prepared teeth
3. Impression/Cast of opposing arch
4. Bite on prepared tooth/teeth only
5. Requested Shade
6. Shade of prepared tooth/teeth

RECOMMENDED:

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

SIMPLE CASES

Anterior units with Full Arch Impression

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. Shade of prepared tooth
7. Facebow of preparations or provisionals
 - a. Stick bite, etc.

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 of patient approved provisionals
5. Cast of provisionals

COMPLEX CASES

Anterior and Posterior units with Full Arch Imp.'s

REQUIRED

1. Completed comprehensive Rx Form
2. Preoperative impressions casts of both arches
3. Impression/cast of prepared teeth
4. Impression/cast of opposing arch
5. Bite Registration: ideally at VDO
6. Facebow of patient approved provisionals
7. Requested Shade (plus photos with shade tabs)
8. Shade of prepared tooth (plus photos with shade tabs)
9. "Go By" information
 - a. Cast of provisional restoration, photograph, etc.
 - b. Directed changes from provisionals
10. 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

RECOMMENDED

1. FGTP template of pre-op and provisional restorations

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.

LAB USE ONLY

IMPRESSIONS/TRAYS: DIES: PAN #:
 MODELS: ARTICULATOR MAKE: INITIALS:
 BITES: ARTICULATOR SERIAL #: TIME:
 PHOTOS: ARTICULATOR BOX:
 CROWNS: WAX UP MODELS:
 OTHER: