

Diagnostic Wax-up Form

Please complete and enclose with case or fax to 231-946-8880

(Please Print)

DOCTOR: _____

DATE _____

ADDRESS: _____

PHONE (____) _____

CITY: _____

STATE: _____ ZIP: _____

PATIENT'S NAME: _____

AGE: _____ GENDER: MALE FEMALE

DATE NEEDED: _____

The following information, along with detailed impressions/study models of the teeth and gingiva, will insure optimal treatment planning results and accurate provisionals:

1) **Main objective(s) of the treatment:** *(Shade change, improve smile, align teeth, etc.)*

2) **Brief outline of current treatment plan:**

- Restoration type(s), future treatment plans: _____
- Full mouth
- Full arch: U / L *(circle one)*
- Tooth #'s specify: _____

3) I would like a model of the preparations that were done in the laboratory for this diagnostic wax-up:

- ☐ Yes ☐ No

4) **This case will require:** *(Please check all boxes that apply)*

- ☐ Opening the bite _____ mm ☐ ant.
☐ post.
- ☐ Closing the bite _____ mm ☐ ant.
☐ post.
- ☐ No change in the vertical dimension

5) **Incisal edge length/smile line:** *(Impression or model of anterior mock-up if done?)*

Overlap? _____ mm.

Overjet? _____ mm.

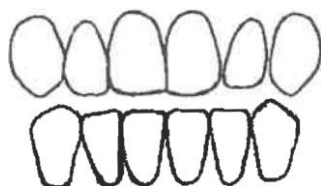
6) **Should existing midline be kept?**

- ☐ Yes ☐ No If not, please specify changes desired:

7) **Enclosed are the following:** *(Please check all boxes that apply)*

- ☐ Facebow enclosed
- ☐ CO bite registration enclosed
- ☐ CR bite registration enclosed
- ☐ CR bite registration taken at desired vertical

8) **Gingival recontouring/crown lengthening:** *(Indicate changes)*



9) **Pre-op photos and mock-up photos:** *(If pictures are being taken, please include the following photos for review)*

- 1:10 Full Face, Smiling
- 1:2 Anterior, non-retracted photos
 - ✓ Smiling
 - ✓ "E" sound
 - ✓ Relaxed lips after " m..." sound
- 1:2 Anterior, retracted, teeth slightly apart
- 1:10 Photo of facebow in place *(Patient standing with facebow level with the horizon)*

of photos provided: _____ **Photos:** emailed OR enclosed in case *(Please circle)*

Date photos emailed: _____ Email photos to: DHBakerPhotos@nationaldentex.com

10) **Please provide stickbite and photo with all maxillary anterior cases:**

☐ Enclosed

11) ☐ **Full contour wax-up (models Prepped)**

12) **Duplicate models after wax-up is complete:** *(Strongly recommended in all full mouth cases being shipped!)*

☐ Yes ☐ No

13) **Vacuum-formed (Biostar® / microSTAR®) provisional template(s):**

☐ Yes ☐ No *(Also, please circle choice above)*

14) **Siltex® putty preparation guide made from diagnostic wax-up:**

☐ Yes ☐ No pre-sliced OR non-sliced? *(Please circle)*

(It is highly recommended that the doctor cuts the preparations on a duplicate set of the mounted diagnostic casts as the laboratory does not have access to all of the clinical information that can affect material choices and preparation design. This preparation done on the model also serves as a "rehearsal" for the actual preparations.)

Personal Signature of Dentist

Dentist License #