



Doctor Name: _____ Telephone: _____

Office Address: _____ City, State & Zip Code: _____

Patient Name: _____

Implant System: _____ Tooth Shade: _____ Tissue Shade: _____

Date Sent: _____ Date Requested: _____

For best results with immediate dentures & wax ups please provide the following:

Male Female Age: _____

- Pictures:** Natural Smile at Rest
 Big Smile
 At Rest

- Wax-Rims with Marks for:** Midline
 Cuspids
 High Smile Line

Images can be emailed to: mail@teethtomorrowdentallab.com

Pre-Op Study Models

Dentate Start:

- _____ Temporary (Immediate) Denture U/L
- _____ Duplicate Wax Set-Up U/L
- _____ Modify Set-Up (Specify on Reverse) U/L
- _____ Surgical Stents U/L

Edentulous Start:

- _____ Pour and Mount Final Impression U/L
- _____ Custom Tray U/L
- _____ Screw Retained Wax-Rim U/L
- _____ Verification Jig U/L
- _____ Screw Retained Set-Up U/L
- _____ Reset (Specify on Reverse) U/L

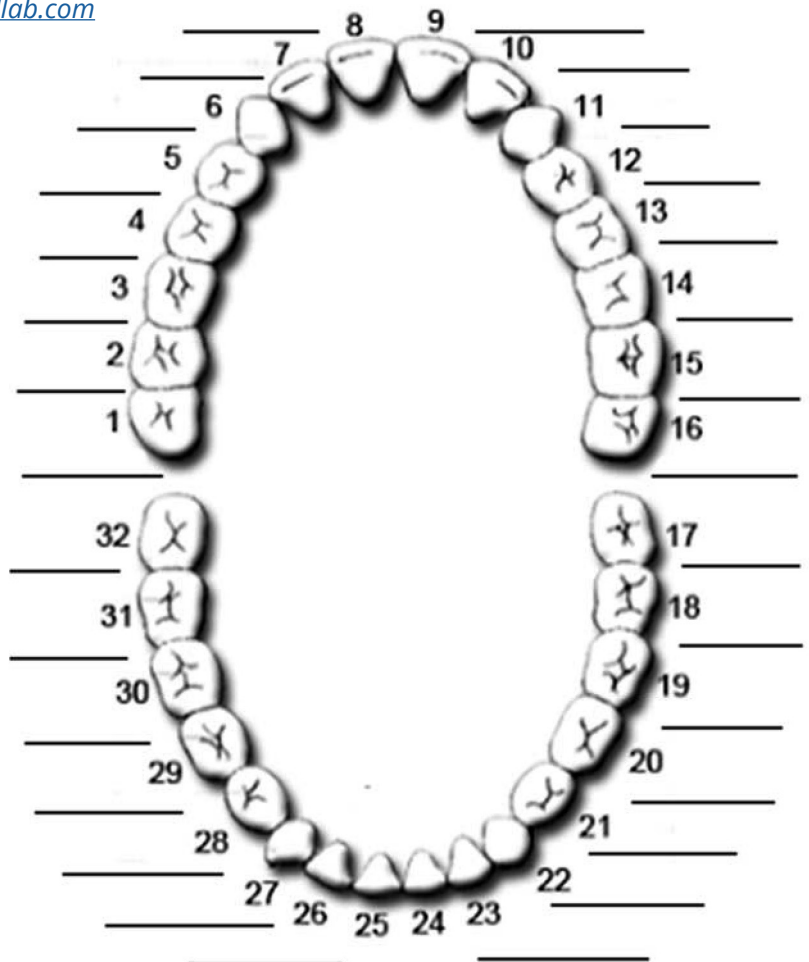
PMMA Phase:

- _____ PMJIG U/L
- _____ PMMA U/L

Final Phase:

- _____ Pour Updated Soft Tissue Impression U/L
- _____ Final Prettau Bridge U/L

Requires passive/complete seat + confirmed set-up approved by Dr. and Patient



The World Leader in Prettau® Zirconia Full-Arch Bridges

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Esthetic & Functional Analysis

Remount: Yes / No

Vertical Dimension:

Approved: _____

Open: _____

Close: _____

If VDO changes, at expense of:

UPPER / LOWER / BOTH

Overjet:

Appropriate: _____

Change: _____

Midline & Incisal Edge Position:

Approved: _____

Modify (specify): _____

Maxillary _____

Mandibular _____

Specify modification requests below:

NOTES/COMMENTS:

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