

# Digital Denture Prescription

Case Number

Dental Professional: \_\_\_\_\_ License # \_\_\_\_\_

Patient Name: \_\_\_\_\_

Male  Female Age \_\_\_\_\_

Comments:

## ORDER

Try-in Denture  Final Denture

### Artificial Tooth Process



Tooth moulds:  Phonares®II  Blueline®  Vivodent®SDCL

Maxillary anterior tooth mould selection: \_\_\_\_\_

Tooth shade:  All A-D & B shades \_\_\_\_\_

Gingival shade:  Pink  Pink V  Preference  34V

Occlusion:  Semi-anatomic  Lingualized

### Oversize Process



Tooth moulds:  Phonares®II  Blueline®  Vivodent®SDCL

Maxillary anterior tooth mould selection: \_\_\_\_\_

Tooth shade:  BL3  A1  A2  A3  A3.5  B1  B3  C2  D2

Gingival shade:  Pink  Pink V  Preference  34V

Occlusion:  Semi-anatomic  Lingualized

### Monolithic Process



Tooth moulds:  Phonares®II

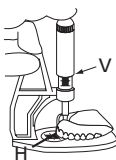
Maxillary anterior tooth mould selection: \_\_\_\_\_

Tooth shade:  BL3  A1  A2  A3  A3.5  B1

Gingival shade:  Pink V  Preference

Occlusion:  Semi-anatomic  Lingualized

### Denture Gauge



Actual Desired

Maxillary (Lip Closure Line) V \_\_\_\_\_ V \_\_\_\_\_

Maxillary H \_\_\_\_\_ H \_\_\_\_\_

Mandibular V \_\_\_\_\_ V \_\_\_\_\_

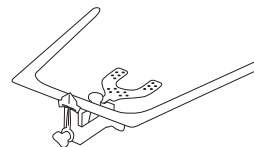
### Papillameter



Low Lip Line \_\_\_\_\_ mm  
(Lip Closure Line)

High Lip Line \_\_\_\_\_ mm

### UTS CAD



(BP) Bipupillary line \_\_\_\_\_ + or -

(CE) Camper's plane \_\_\_\_\_ + or -

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Try-In evaluation form

**Fit:**

acceptable  new impressions

**Midline:**

no change  marked on denture refer to comments

**Maxillary incisal length:**

no change  increase \_\_\_ mm  decrease \_\_\_ mm

**Mandibular incisal length:**

no change  increase \_\_\_ mm  decrease \_\_\_ mm

**Lip support:**

no change  increase \_\_\_ mm  decrease \_\_\_ mm

**Bipupillary plane:**

acceptable

**Camper's plane:**

acceptable

**Bite (CO/VDO):**

acceptable

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_