

Digital Denture Prescription

CaseNumber

Dental Professional: _____ License# _____

Patient Name: _____

Male Female Age _____

Comments:

ORDER

Try-inDenture FinalDenture

Carded Tooth Process



Tooth moulds:

Phonares®II Blueline® Vivodent®SDCL

Maxillary anterior tooth mouldselection: _____

Tooth shade: _____

Gingival shade: Pink PinkV Preference 34V

Occlusion: Semi-anatomic Lingualized

Milled Tooth 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 PinkV Preference 34V

Occlusion: Semi-anatomic Lingualized

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 comments:

Camper's plane:

acceptable comments:

Bite (CO/DO):

acceptable comments:

Comments: