

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 & B1 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

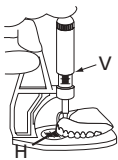
Maxillary anterior tooth mould selection: _____

Tooth shade: BL3 A1 A2 A3 A3.5 B1

Gingival shade: Pink V Preference

Occlusion: Semi-anatomic Lingualized

Denture Gauge



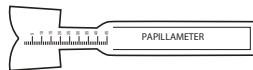
Actual Desired

Maxillary (Lip Closure Line) V _____ V _____

Maxillary H _____ H _____

Mandibular V _____ V _____

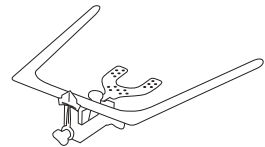
Papillameter



Low Lip Line _____ mm
(Lip Closure Line)

High Lip Line _____ mm

UTS CAD



(BP) Bipupillary line _____ + or -

(CE) Camper's plane _____ + or -

Comments: _____



Digital Denture Prescription

Case Number

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/VDO):

acceptable comments:

Comments: _____

