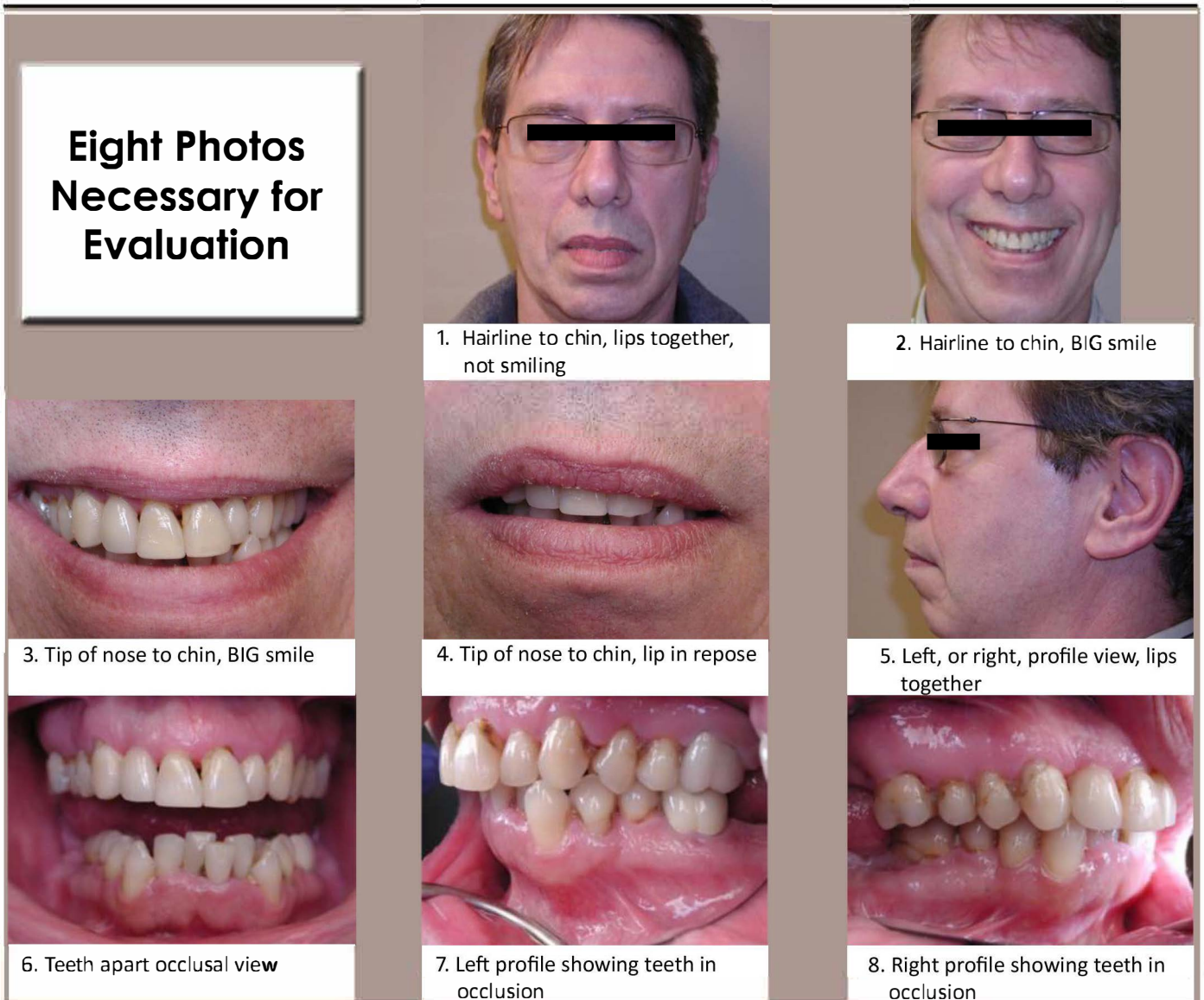


What you need to get started with this (your patient's) case:

1. Maxillary and Mandibular full arch study models, impression, or Intra Oral Scans.
 - a. Be sure to capture all anatomical landmarks that you would capture for a full denture.
 - b. Alginate impressions are acceptable.
2. Take a bite record using any suitable bite record material you normally use.
 - a. If the patient is missing their posterior teeth, a bite rim and/or wax try-in appointment will be required.
3. Take a face bow record if you have one.
4. Select the shade of the teeth for the restoration.
 - a. Shade Selection _____
5. Submit eight (8) photos as shown in the example. Digital photos are preferred.
 - a. Email digital photos to: photos@artisticdl.com
6. Call Artistic Dental Laboratories (630.679.8686) to schedule the Surgery/Conversion appointment.
 - a. Ask to speak to Hope to schedule your Surgery/Conversion appointment.



Hybrid Screw Retained Restoration and Immediate Denture Evaluation Form

Arch to be restored

Maxillary

Mandibular

Doctor _____ Patient _____ Date of Evaluation _____

Surgeon _____ Date of Surgery _____ Shade _____

Image #1 VDO No Change / Increase / Decrease by _____ mm

Image #2 High Smile Line: At dental cervical / No tissue showing / Excessive tissue showing _____ mm

Patient's current Midlines

Maxillary dental midline: Correct-No change / Move to patient's Right / Left by _____ mm

Mandibular dental midline: Correct-No change / Move to patient's Right / Left by _____ mm

Image #3 Buccal Corridor

Right-side Good-No Change / Negative-Widen by _____ mm / Excessive-Narrow by _____ mm

Left-side Good-No Change / Negative-Widen by _____ mm / Excessive-Narrow by _____ mm

Image #4 Lip at repose – Vertical Incisal length position

No change / Lengthen / Shorten # _____ by _____ mm

Image #5 Profile Evaluation: Lip Fullness

Good _____ / Excessive _____ / Insufficient _____

Image #6 Analysis of occlusal plane

Teeth needing modification to idealize occlusal plane #'s _____, _____, _____, _____, _____, _____

Occlusal plane Level / Right-Side / Left- Side / Hight / Low _____ mm

Image #7 & #8 Horizontal Incisal edge position

No change / Move buccally / Move lingually # _____ by _____ mm