

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

Date of exam: \_\_\_\_\_

Maxillary residual ridge	Mandibular residual ridge
<b>Ridge height:</b> <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <b>Ridge width:</b> <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <b>Maxillary tuberosities:</b> <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <b>Palatal vault:</b> <input type="checkbox"/> Shallow <input type="checkbox"/> Average <input type="checkbox"/> Deep <input type="checkbox"/> High frenal attachments <input type="checkbox"/> High muco-gingival junction <input type="checkbox"/> Tori present	<b>Ridge height:</b> <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <b>Ridge width:</b> <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <input type="checkbox"/> High frenal attachments <input type="checkbox"/> High muco-gingival junction <input type="checkbox"/> Tori present
<b>Expected stability &amp; retention of CU:</b> <input type="checkbox"/> Favorable <input type="checkbox"/> Questionable <input type="checkbox"/> Poor	<b>Expected stability &amp; retention of CL:</b> <input type="checkbox"/> Favorable <input type="checkbox"/> Questionable <input type="checkbox"/> Poor
<b>Maxillary existing prosthesis</b> <input type="checkbox"/> not applicable	<b>Mandibular existing prosthesis</b> <input type="checkbox"/> not applicable
<b>Retention:</b> <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <b>Stability:</b> <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<b>Retention:</b> <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <b>Stability:</b> <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
<b>Central incisor position:</b> <input type="checkbox"/> Idealized and to be reproduced in the definitive restoration. <input type="checkbox"/> Not idealized and should not be alternatively determined for the prosthesis(es). Central display at rest: _____ mm (average male: 0-2 mm, average female 2-4 mm).	
<b>Smile line:</b> <input type="checkbox"/> High (>100% incisal display) (~10% of population, twice as common in females). <input type="checkbox"/> Moderate (75-100% incisal display) (~70% of population). <input type="checkbox"/> Low (<75% incisal display) (~20% of patients).	
<b>Lip &amp; facial support:</b> <input type="checkbox"/> adequate <input type="checkbox"/> should be re-established	<b>Vertical dimension of occlusion:</b> <input type="checkbox"/> adequate <input type="checkbox"/> should be re-established