

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

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

Maxillary residual ridge	Mandibular residual ridge
<b>Ridge height:</b> <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <b>Ridge width:</b> <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <b>Maxillary tuberosities:</b> <input type="checkbox"/> Average <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"/> Average <input type="checkbox"/> Poor <b>Ridge width:</b> <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> High frenal attachments <input type="checkbox"/> High muco-gingival junction <input type="checkbox"/> Tori present
Maxillary existing prosthesis	Mandibular existing prosthesis
<input type="checkbox"/> not applicable	<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>Vertical dimension of occlusion:</b> <input type="checkbox"/> adequate <input type="checkbox"/> should be re-determined	<b>Occlusal plane:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Complicated:
<b>Function/parafunction/force concern:</b> <input type="checkbox"/> High (low FMA, recognized parafunction) <input type="checkbox"/> Average (FMA is WNL, no known parafunction) <input type="checkbox"/> LOW (High FMA, opposing denture, no known parafunction)	<b>Support:</b> <input type="checkbox"/> Facial support necessary or likely necessary <input type="checkbox"/> Lip support necessary or likely necessary



**Patient:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Factors of concern:**

<input type="checkbox"/> Smoking	<input type="checkbox"/> Anticoagulation	<input type="checkbox"/> Hx of TMD
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Oral bisphosphonate Hx	<input type="checkbox"/> Tooth extraction necessary
<input type="checkbox"/> Alveolar height is limited	<input type="checkbox"/> Alveolar width is limited	<input type="checkbox"/> Other:

**Planned prostheses & corresponding ideal restorative space:**

<b>Maxillary</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Implant retained denture (Locator/Novaloc) [12 mm]. <input type="checkbox"/> FP1 prostheses [10 mm]. <input type="checkbox"/> FP3 prosthesis (monolithic) [14-15 mm]. <input type="checkbox"/> Other:	<b>Prosthetically ideal number of implants:</b>
<b>Mandibular</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Implant retained denture (Locator/Novaloc) [12 mm]. <input type="checkbox"/> FP1 prostheses [10 mm]. <input type="checkbox"/> FP3 prosthesis (monolithic) [14-15 mm]. <input type="checkbox"/> Other:	<b>Prosthetically ideal number of implants:</b>

**Planned interim prostheses:**

<b>Maxillary</b> <input type="checkbox"/> N/A	<input type="checkbox"/> None <input type="checkbox"/> Immediate denture. <input type="checkbox"/> Delayed fabrication denture/scan appliance. <input type="checkbox"/> Patient interested in same-day conversion to fixed (nSequence, Smile-in-a-box). <input type="checkbox"/> Other:
<b>Mandibular</b> <input type="checkbox"/> N/A	<input type="checkbox"/> None. <input type="checkbox"/> Immediate denture. <input type="checkbox"/> Delayed fabrication denture/scan appliance. <input type="checkbox"/> Patient interested in same-day conversion to fixed (nSequence, Smile-in-a-box). <input type="checkbox"/> Other:

- We have shared a HIPAA compliant OneDrive folder with the surgeon directly containing digital workup files.
- Please call and let us know who the surgeon is so we can send the digital workup files.

