

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

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

**Central incisor position:**

- Acceptable and to be reproduced in the definitive restoration.
- Needs correction at or before the definitive prosthesis(es).
- Not applicable/unable to assess.

Central display at rest: \_\_\_\_\_ mm (average male: 0-2 mm, average female 2-4 mm).

**High smile line:**

- High (>100% incisal display) (~10% of population, twice as common in females).
- Moderate (75-100% incisal display) (~70% of population).
- Low (<75% incisal display) (~20% of patients).
- Not applicable/unable to assess.

**Vertical dimension of occlusion:**

- maintained and adequate.
- seemingly maintained but inadequate.
- lost.

**Occlusal plane:**

- Acceptable
- Complex:

**Function/parafunction/force concern:**

- High (low FMA, deep bite, recognized parafunction, wear facets)
- Average (FMA is WNL, no known parafunction)
- LOW (High FMA, opposing denture, no known parafunction, history of long-standing long-span FDPs)

**Support:**

- Facial support necessary or likely necessary
- Lip support necessary or likely necessary

**Clinical records checklist**

- Clinical images (6 images)
- Intraoral scan
- Facebow transfer
- Pantomograph
- CBCT

**Determinations**

- Surgical consultation necessary to further prosthetic discussion.
- Mounted study models necessary to finalize treatment plan.



**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:

**Terminal dentition secondary to the following:**

<b>Maxillary</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Poor/hopeless periodontal prognosis: <input type="checkbox"/> Poor/hopeless restorative prognosis: <input type="checkbox"/> Prosthetic impediment:
<b>Mandibular</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Poor/hopeless periodontal prognosis: <input type="checkbox"/> Poor/hopeless restorative prognosis: <input type="checkbox"/> Prosthetic impediment:

**Planned definitive 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.

