

Complete Denture Prosthetics

Patient Data Sheet

General data

Surname: _____

Name: _____

Age: _____

Gender: Male Female

Insurance: Standard Private

Practice (stamp):

Medical history

Patient has worn dentures since: _____ Age of the current denture: _____

Intolerances: _____

The patient particularly liked: _____

The patient particularly disliked: _____

Current picture

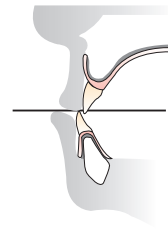
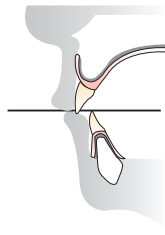
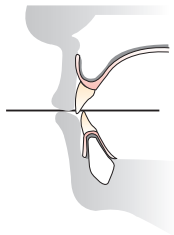
Older picture

Pre-operative models produced on: _____

Class I (normal bite)

Class II (overbite)

Class III (mandibular prognathism)



Tooth shade: _____

Lip support

OK

Too strong

Too weak

Anterior teeth length

OK

Too short

Too long

Buccal corridor visible

Yes

No

Smile line

Upward curve

Downward curve

Straight

Midline

OK

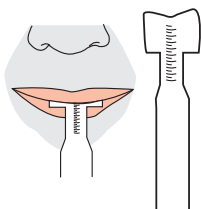
Right

Left

Intervestibular distance (denture) _____ mm

Anterior tooth width / Interalar width _____ mm

Anterior tooth length



_____ mm

Complete Denture Prosthetics

Patient Data Sheet

Laboratory order

Must be completed by: _____

Upper jaw: Complete denture Immediate denture

Lower jaw: Complete denture Immediate denture

Tooth shade: _____

Laboratory (stamp):

Desired denture tooth line

Anterior

Mould

Posterior

Mould

SR Phonares® II

SR Phonares® II Typ

SR Vivodent® S PE

SR Orthotyp® S PE

SR Vivodent® S DCL

SR Orthotyp® S DCL

Occlusal concept

Semi- / Fully-balanced occlusion

Lingualized occlusion

Other: _____

Occlusal plane

UTS CAD Centric Tray

CE: _____

BP: _____

UTS CAD 3D Bite Plate

CE: _____

BP: _____

Positioning of the anterior teeth

Harmonious

Slightly individualized

Highly individualized



In the style of the existing denture

In the style of the picture attached

Other: _____

Diastema approx. ____ mm

Denture base

Standard

Standard shade _____

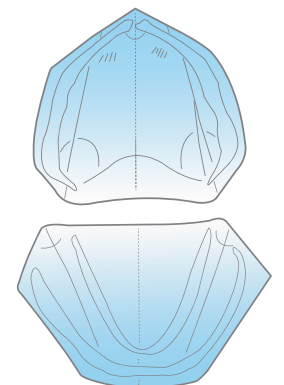
Metal-reinforced

Veined

High Impact

Customized

Reductions/relief areas according to drawing



Additional information: _____
