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: _____
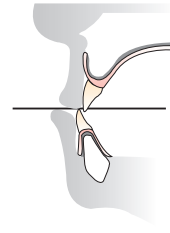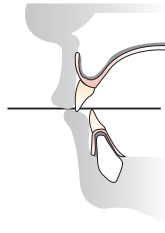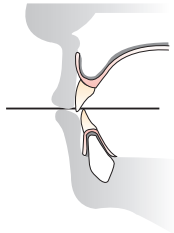
◯ Current picture   ◯ Older picture   ◯ Pre-operative models produced on: _____

◯ Class I (normal bite)   ◯ Class II (overbite)   ◯ Class III (mandibular prognathism)

Tooth shade: _____

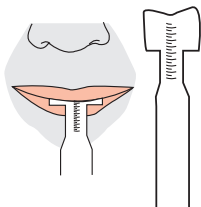|			
Lip support	◯ OK	◯ Too strong	◯ Too weak
Anterior teeth length	◯ OK	◯ Too short	◯ Too long
Buccal corridor visible	◯ Yes	◯ No	
Smile line	◯ Upward curve	◯ Downward curve	◯ Straight
Midline	◯ OK	◯ Right	◯ Left

Intervestibular distance (denture) _____ mm   Anterior tooth width / Interalar width _____ mm

Anterior tooth length   _____ mm

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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
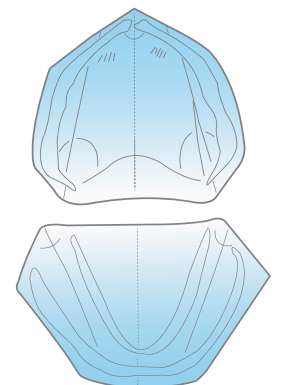
Denture base

◯ Standard   ◯ Standard shade _____
◯ Metal-reinforced   ◯ Veined
◯ High Impact   ◯ Customized
◯ _____   ◯ _____
◯ Reductions/relief areas according to drawing

Additional information: _____

_____

_____

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