## LABORATORY CHECKLIST

**Patient**

**Age**

**Date** / /  

**Male**  **Female**

### ESTHETIC INFORMATION

- **PHOTOGRAPHS**  
  - Old  
  - New

- **SMILE LINE**  
  - Average  
  - Low  
  - High

- **ALIGNMENT**  
  - Yes  
  - No

- **TOOTH TYPE**  
  - Ovoid

- **TEXTURE**  
  - Macro  
  - None  
  - Slight  
  - Pronounced  
  - Micro  
  - None  
  - Slight  
  - Pronounced

### OCCLUSAL PLANE vs COMMISSURAL LINE - HORIZON

**Indicate modifications: Mark with + to lengthen and – to shorten**

<table>
<thead>
<tr>
<th>(mm)</th>
<th>16</th>
<th>15</th>
<th>14</th>
<th>13</th>
<th>12</th>
<th>11</th>
<th>(mm)</th>
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<th>22</th>
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<td>35</td>
<td>36</td>
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</tbody>
</table>

**Notes**

### COLOR

- **Shade Guide**  
  - Vita  
  - 3D Master  
  - Ivoclar  
  - Other

- **Spectrophotometer**  
  - Yes  
  - No

- **Value**  
  - High
  - Low

**Notes**

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### SHAPE Modifications POSITION

<table>
<thead>
<tr>
<th>SHAPE</th>
<th>Modifications</th>
<th>POSITION</th>
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<tbody>
<tr>
<td>13</td>
<td>lengthen/shorten (mm)</td>
<td>widen/narrow (mm)</td>
</tr>
<tr>
<td>12</td>
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<td>widen/narrow (mm)</td>
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Notes

### OVERJET Modifications OVERBITE

<table>
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<tbody>
<tr>
<td>□ Confirmed</td>
<td>□ Decreased (mm) ______</td>
<td>□ Confirmed</td>
</tr>
<tr>
<td>□ Decreased (mm) ______</td>
<td>□ Augmented (mm)</td>
<td>□ Augmented (mm)</td>
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</table>

Notes

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### Functional Information

**Stone Casts**
- Previous: Maxillary, Mandibular
- Diagnostic: Maxillary, Mandibular
- Provisional: Maxillary, Mandibular

**Occlusal Records**
- MI
- CR
- Protrusive interocclusal record
- Lateral interocclusal records

**Vertical Dimension**
- Unchanged
- Increase (mm)
- Decrease (mm)

**Facebow**
- Arbitrary
- Kinematic
- Reference lines: Horizon, Interpupillary, Comissural, Other

**Articulator Set-up**
- Semi-adjustable
  - Condylar inclination (degrees)
  - Progressive mandibular lateral translation (degrees)
  - Immediate mandibular lateral translation (mm)
- Fully adjustable
  - Protrusive interocclusal record
  - Lateral interocclusal records
  - Mechanical pantograph
  - Electronic pantograph

**Disocclusion**
- Incisal guidance
- Canine guidance
- Group function
- Balanced occlusion

### Impression

Recorded on _____/_____/_____. Time _____:_____. Disinfected with _______.

**Impression Materials**
- Alginates
  - Maxillary, Mandibular
- Polyether
  - Maxillary, Mandibular
- Addition silicone
  - Maxillary, Mandibular
- Polysulfur
  - Maxillary, Mandibular
- Condensation silicone
  - Maxillary, Mandibular
- Other: _______.

### Documentation

**Case History**
- Contagious diseases
- Confirmed allergies
- Other medical device present

**Notes**: _______.

**Attachments**
- Slides/Photographs
- Esthetic Checklist
- Other: _______.

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# LABORATORY WORK ORDER

<table>
<thead>
<tr>
<th>Dr name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>Dental lab name</td>
<td>Address</td>
<td>City</td>
<td>State</td>
<td>Telephone</td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Work order no.</th>
<th>Patient/Code</th>
<th>Age</th>
<th>Male</th>
<th>Female</th>
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</thead>
</table>

## TYPE OF WORK

- [ ] Diagnostic waxing
- [ ] Indirect mock-up
- [ ] Provisional
- [ ] Fixed prosthesis
- [ ] Removable prosthesis

## Description


## SCHEMA

- [ ] Natural abutment
- [ ] Implant
- [ ] Missing tooth

<table>
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<tr>
<th>1</th>
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### MATERIALS

- **PFM**: Porcelain-fused-to-metal
- **MCM**: Metal-ceramic margin
- **AC**: All-ceramic

### ALLOY

- **Vitapan**
- **Shade Guide**
- **3D Master**
- **Ivoclar**
- **Other**

### COLOR

- **Shade Guide**
  - [ ] Vitapan
  - [ ] 3D Master
  - [ ] Ivoclar
  - [ ] Other

### VALUE

- **High**
- **Low**

## TRY-INS

<table>
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<th>Date</th>
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Dentist's signature

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