



Prosthetic Form

Items Sent Checklist:

Please check items shipped to the lab/360Imaging

- Upper impression/intraoral scan (without denture)
- Upper impression/intraoral scan with denture (if present)
- Lower impression/intraoral scan (without denture)
- Lower impression/intraoral scan with denture (if present)
- Bite registration/occlusion intraoral scan
- Digital Smile Design photos

Order Checklist:

Upper Arch:

- Digital Smile Design
- Digital Wax-Up Design
- PMMA Design
- PMMA Temporary Restoration Fabrication

Lower Arch:

- Digital Wax-Up Design
- PMMA Design
- PMMA Temporary Restoration Fabrication

Shade (in case of PMMA Temporary Restoration Fabrication): _____

General Instructions:

- Keep Vertical Dimension of Occlusion
- Change Vertical Dimension of Occlusion by +/- ___mm

Address: 6445 Powers Ferry Rd, Suite #360, Atlanta, GA, 30339, USA

Tel: (866) 360 6622 or (404) 236 7700



Upper Arch:

- Keep incisal edge position in place vertically in relation to the upper lip (overbite)
- Change incisal edge in place vertically in relation to the upper lip by +/- ___mm (overbite)
- Keep Upper incisal edge horizontally in relation to the lower incisal edge (overjet)
- Change Upper incisal edge horizontally in relation to the lower incisal edge by +/- ___mm (overjet)
- Move the midline patient's right/left ___mm

Lower Arch:

- Keep incisal edge in place vertically in relation to the upper lip (overbite)
- Change incisal edge in place vertically in relation to the upper lip by +/- ___mm (overbite)
- Keep upper incisal edge horizontally in relation to the lower incisal edge (overjet)
- Change upper incisal edge horizontally in relation to the lower incisal edge by +/- ___mm (overjet)
- Move the midline patient's right/left ___mm

Special Instructions (diastema, tooth form, etc.):