



DIAGNOSTIC WAX-UP PRESCRIPTION FORM

DOCTOR NAME: _____ DATE: _____

☐ Signature and License Number on File

ADDRESS: _____

PHONE: _____ FAX: _____

PATIENT NAME: _____

Return dates are determined after a case review based on the complexity and doctor/technician collaboration required.

☐ No call requested unless lab has questions regarding this case

☐ Please call for consultation

TYPE OF WAX-UP TECHNIQUE (choose one)

- ☐ Additive only (teeth will not be reduced to complete the wax-up)
- for additive (direct or indirect) restorative techniques and phased treatment
- ☐ Reductive stone with additive wax
- for crowns or veneered teeth with significant morphology/or position changes

TREATMENT PLAN

- Total number of teeth: _____
- Veneer teeth #s: _____
Planned veneer preparation design:
☐ Reduce incisal length of teeth #s: _____
☐ Open interproximal contacts - teeth #s: _____
☐ Change lingual morphology to idealize form and function - teeth #s: _____
- Crown teeth #s: _____
- Veneerlay (onlay occlusal with buccal veneer) teeth #s: _____
- Treatment execution: ☐ Single phase
☐ Phased treatment

HORIZONTAL REFERENCE

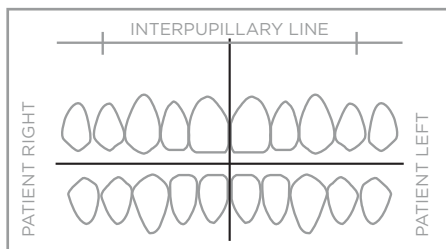
- ☐ Y ☐ N Use interpupillary line that parallels horizon - if NO, other reference:
- ☐ Y ☐ N Use facebow or other maxillary transfer device to determine horizontal plane
- ☐ Y ☐ N Maxillary incisal plane parallels horizon - If NO
☐ Patient's right side is high
☐ Patient's right side is low
- ☐ Y ☐ N Mandibular incisal plane parallels horizon - If NO
☐ Patient's right side is high
☐ Patient's right side is low
- ☐ Y ☐ N Maxillary midline is perpendicular to incisal plane. If NO (canted):

Communicate the deviation w/ horizontal with:

- ☐ Diagram ☐ Photograph
☐ Facebow mounting

Draw with dashed line current midline and incisal plane relative to horizon & vertical lines

- ☐ Correct midline cant and incisal plane to match horizontal and vertical lines



- ☐ No reference provided: Use best technical judgment

DESIRED MAXILLARY RIGHT CENTRAL INCISAL EDGE (Tooth #8)

- Position relative to current position:
- ☐ Y ☐ N Change incisal length. If YES:
☐ Shorten by: _____ mm
☐ Lengthen by: _____ mm
- ☐ Y ☐ N Technician may determine based on information provided

DESIRED MANDIBULAR INCISOR EDGE POSITION

- Position relative to current position:
- ☐ Y ☐ N Change incisal length. If YES:
☐ Shorten by: _____ mm
☐ Lengthen by: _____ mm
- ☐ Y ☐ N Technician may adjust length to establish desired function if not included in diagnostic wax-up (+/-)

CASE SUBMISSIONS

(Case *must* include one or more of the following)

- ☐ Digital Smile Design
- ☐ Spear FGTP Template on patient photo
- ☐ Cast of trial intra-oral mock-up
- ☐ Cast with wax/composite mock-up
- ☐ Patient/dentist provided visual aids for tooth morphology and arrangement OR
- ☐ No submission: lab to interpret and create morphology based on information provided

PURPOSE OF WAX-UP

- ☐ Diagnostic and/or patient education
☐ Duplicate and pour in white die stone
- ☐ Treatment and fabrication used for mock-up provisional restorations
☐ Duplicate and pour in die stone
Fabricate: ☐ Silicone putty index
☐ 1.5 mm vacuformed copyplast
- ☐ Fabricate: eggshell provisionals (for crown restorations only). teeth #s: _____
☐ Milled - PMMA
☐ Bisacryl

BRIDGE PONTIC DESIGN

- ☐ OVATE
- ☐ MODIFIED RIDGE LAB
- ☐ RIDGE LAP
- ☐ ADJUST RIDGE ACCORDINGLY
- ☐ NO RIDGE ADJUSTMENT

ADDITIONAL ESTHETIC INFORMATION

Maxillary lateral incisor shorter than central by: _____ mm

Maxillary incisal edges:
☐ Natural ☐ Flat

Maxillary incisal embrasures:
☐ Natural ☐ Closed (square)

Widen buccal corridor: ☐ Y ☐ N

Close gingival embrasures: ☐ Y ☐ N

Close diastema: ☐ Y ☐ N





- ☐ Refer to client preferences
- ☐ Case specific effects (see below)
- Mount maxillary cast with device relative to horizon
 - ☐ Facebow
 - ☐ Kois transfer
 - ☐ Bite stick (does not relate and transfer A-P occlusal plane)
 - ☐ Arbitrarily mount the cast leveling the maxillary incisal and occlusal planes
- Mount mandibular cast with:
 - ☐ CR record:
 - ☐ 1 record enclosed - assume it is accurate
 - ☐ 2 records enclosed - 2nd used to confirm accuracy. If records do not coincide:
 - ☐ Contact Dr. to determine course of action
 - ☐ Proceed with 1st mounting record
 - ☐ Clinical first point of contact (REQUIRED): Teeth #s
 - ☐ Return for trial equilibration by Dr. (technician will not perform equilibration)
 - ☐ All occlusal contacts to be determined by wax-up
 - ☐ Hand articulation of casts in MIP (or with wax bite). *If a silicone bite is provided in MIP, it will not be used.*
- Vertical dimension
 - ☐ Y ☐ N Maintain current VDO - If NO:
 - ☐ Open at incisal edges _____ mm
 - ☐ Open as needed for restorative purposes & to idealize occlusal planes. *(technician can change as needed to meet esthetic and functional goals)*
- Anterior vertical overlap (overbite)
 - ☐ Y ☐ N Maintain current vertical overlap - if NO:
 - ☐ Decrease: _____ mm
 - ☐ Increase: _____ mm
- Anterior horizontal overlap (overjet)
 - ☐ Y ☐ N Maintain current horizontal overlap - if NO:
 - ☐ Decrease: _____ mm
 - ☐ Increase: _____ mm
- Anterior guidance
 - ☐ Y ☐ N Maintain original angle - if NO:
 - ☐ Decrease: _____ mm
 - ☐ Increase: _____ mm

- Lateral guidance
 - ☐ Y ☐ N Cuspid guidance
 - ☐ Y ☐ N Group function: Indicate desired tooth contacts:
- Condylar inclinations
 - ☐ Use average
 - ☐ Right: _____ degrees
 - ☐ Left: _____ degrees
- Maxillary and mandibular incisal edge design (choose one)
 - ☐ Natural
 - ☐ Flat and broad
- Tooth re-contouring
 - ☐ Y ☐ N Do not alter opposing tooth
 - ☐ Y ☐ N Adjust opposing tooth idealize form and function of wax-up

- ☐ Completed prescription form
- ☐ Diagnostic impressions (preferably polyvinyl siloxane)
- ☐ Horizontal transfer device (facebow transfer, etc.)
- ☐ Bite registration records
 - ☐ CR – only if the patient will be treated in CR
 - ☐ MIP – wax record only
- ☐ Photographs related to horizon at the level of the maxillary occlusal plane
 - ☐ Portrait with lips in repose
 - ☐ Portrait in maximum smile
 - ☐ Portrait with lips retracted
 - ☐ MIP
 - ☐ Anterior teeth separated by 2-4 mm to evaluate maxillary and mandibular occlusal planes
- ☐ Facebow related to horizon
- ☐ Intra-oral images
 - ☐ MIP
 - ☐ Anterior teeth separated by 2-4 mm to evaluate maxillary and mandibular occlusal planes

[illegible]