



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

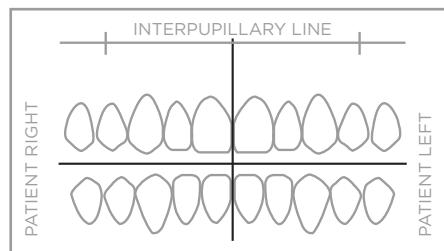
1. Total number of teeth: _____
2. Veneer teeth #: _____
Planned veneer preparation design:
 - Reduce incisal length of teeth #: _____
 - Open interproximal contacts - teeth #: _____
 - Change lingual morphology to idealize form and function - teeth #: _____
3. Crown teeth #: _____
4. Veneerlay (onlay occlusal with buccal veneer) teeth #: _____
5. 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 #: _____
 - 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



ESTHETICS BY DESIGN

PHONE: 949-899-9010 | WEB: EBDLAB.COM
17475 Gillette Ave., Suite 120, Irvine, CA 92614



DIAGNOSTIC WAX-UP PRESCRIPTION FORM

OCCLUSAL / FUNCTIONAL CONSIDERATIONS

- 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

CHECKLIST OF ITEMS TO SEND TO LABORATORY

- Completed prescription form
- Diagnostic impressions (preferably polyvinyl siloxane)
- Horizontal transfer device (facebook 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
- Facebook related to horizon
- Intra-oral images
 - MIP
 - Anterior teeth separated by 2-4 mm to evaluate maxillary and mandibular occlusal planes

ADDITIONAL COMMENTS