Pat Coon Dental Lab, LLC

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Digital Denture Design Prescription

Case Number

Dental Professional:_____ **License #:**_____

Patient Name:_____

☐ **Male** ☐ **Female**

☐ **Try-in Denture** ☐ **Milled CAM5** ☐ **Milled RAW STL** ☐ **Printed STL**

☐ **Final Denture** ☐ **Milled CAM5** ☐ **Milled RAW STL** ☐ **Printed STL**

Two Piece Process

Tooth Moulds: ☐ **Phonares II** ☐ **Vivodent S DCL**

Maxillary Anterior Tooth Mould: _____

Occlusion: 22 degree Semi-Anatomic

Tooth Shade: A-2

Gingival Shade: Pink-V

Monolithic Process

Tooth Moulds: Ivotion® (Based on Phonares II and Vivodent S DCL)

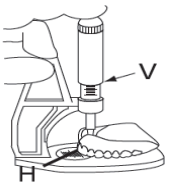
Maxillary Anterior Tooth Mould: _____

Occlusion: 22 degree Semi-Anatomic

Tooth Shade: BL-3

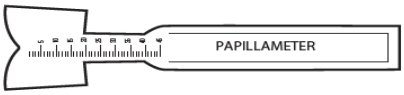
Gingival Shade: Preference

Denture Gauge



	Actual	Desired
Maxillary	V____	V____
Maxillary	H____	H____
Mandibular	V____	V____

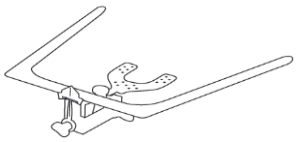
Papillameter



Low Lip Line _____mm

High Lip Line _____mm

UTS CAD



(BP) Bipupilary Line _____ + / -

(CE) Camper's Plane _____ + / -

Comments

PC DL

PAT COON DENTAL LABORATORY
CAD DESIGN AND CONSULTING SERVICES

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Evaluation Form

Fit Evaluation

Maxillary:	☐ Acceptable	☐ New Impression
Mandibular:	☐ Acceptable	☐ New Impression

Tooth Position Evaulation

Midline:	☐ No Change	☐ Marked On Denture	☐ Refer To Comments
Max. Incisal Length:	☐ No Change	☐ Increase ____mm	☐ Decrease_____mm
Mand. Incisal Length:	☐ No Change	☐ Increase_____mm	☐ Decrease_____mm
Lip Support:	☐ No Change	☐ Increase_____mm	☐ Decrease_____mm
Occlusal Plane:			
Bipupillary	☐ Acceptable	☐ Refer to Comments	
Campers	☐ Acceptable	☐ Refer To Comments	

Bite Evaluation (VD = Vertical Dimension)

☐ Bite Acceptable

☐ New bite *(taken at desired VD)*

☐ New bite *(adjust VD as per comments)*

Comments

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