



DDS: _____ Patient: _____ Surgeon _____

Surgery date: _____

AOX records needed for Stage 0:

1. Radiographs ☐

Bite **open** if patient has teeth for the CBCT.

Bite **closed** if patient has dentures (**denture needs scan markers on them for CBCT & 360 I O scans**)

2. Photos: (all with **teeth closed** & **eyes open** looking at the camera) **no glasses** on



normal smile ☐

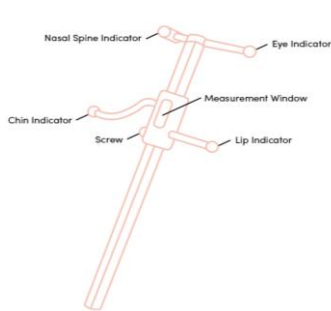


super big smile ☐



retracted smile ☐

3. VDO ☐



VDO Gauge Under nose to under chin with teeth together # _____
Eye to corner of the mouth with teeth together # _____

4. IO scans: (at the new VDO if we are opening the bite)

Upper ☐

lower ☐

bite ☐



5. Type of Prosthetic Planned:

FP1 ☐



FP2 ☐



FP3 ☐



6. Alignment Strategy:

Bone screw ☐

Teeth ☐

Denture ☐

Implant ☐

7. Lab Slip ☐ can be downloaded from website or your scanner RX can be used.

