

### Patient Information

Date sent: \_\_\_\_\_ Return Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  M  F Age: \_\_\_\_\_  
**TYPE OF CASE:**  
 Diagnostic Consultation  Diagnostic Wax-up

### Dentist Information

Dentist Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### Desired Outcome for Wax-up

#### Dentists & Patients Expectations:

**Occlusal Issues:**  Develop canine guidance  Open vertical by \_\_\_\_\_ mm  Restore worn teeth  
 Notes: \_\_\_\_\_

**Cosmetic Issues:**  Lengthen teeth  Adjust midline  Close diastema/spaces  
 Shape change  Contour change  Shade change  Widen buccal corridor

**PHONE ME TO DISCUSS CASE BEFORE STARTING**

**Chart of teeth to be restored:**      8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8  
 &  
**Diagnostic Wax-up wax required for:** 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

**Lip Line Position:**  Normal  Low  High

**Smile Line:**  Positive  Flat  Reversed

**Incisal Edge Position:** \_\_\_\_\_ | \_\_\_\_\_ is correct Match \_\_\_\_\_ | \_\_\_\_\_ to \_\_\_\_\_ | \_\_\_\_\_  
 Shorten \_\_\_\_\_ | \_\_\_\_\_ by \_\_\_\_\_ mm  
 Lengthen \_\_\_\_\_ | \_\_\_\_\_ by \_\_\_\_\_ mm **Align with Stick Bite**

**Midline:** Is currently correct, copy Stick Bite.  
 Is correct but canted to:  Left  Right  
 Move midline \_\_\_\_\_ | \_\_\_\_\_ mm to  Left  Right

**Anterior long axis:** Tilt \_\_\_\_\_ | \_\_\_\_\_ mesially  
 Tilt \_\_\_\_\_ | \_\_\_\_\_ distally

**Anterior arch form:** Bring \_\_\_\_\_ | \_\_\_\_\_ out (Buccally) into line with: \_\_\_\_\_ | \_\_\_\_\_  
 Bring \_\_\_\_\_ | \_\_\_\_\_ in (Palatally) into line with: \_\_\_\_\_ | \_\_\_\_\_

**Missing teeth:** Make \_\_\_\_\_ | \_\_\_\_\_ look like \_\_\_\_\_ | \_\_\_\_\_

**Posterior long axis and buccal corridor:** Bring \_\_\_\_\_ | \_\_\_\_\_ out (Buccally) into line with: \_\_\_\_\_ | \_\_\_\_\_  
 Bring \_\_\_\_\_ | \_\_\_\_\_ in (Palatally) into line with: \_\_\_\_\_ | \_\_\_\_\_

**Proportions:** Make \_\_\_\_\_ | \_\_\_\_\_ narrower  
 Make \_\_\_\_\_ | \_\_\_\_\_ wider

**Gingival heights:** Raise \_\_\_\_\_ | \_\_\_\_\_ align with: \_\_\_\_\_ | \_\_\_\_\_  
 Lower \_\_\_\_\_ | \_\_\_\_\_ align with: \_\_\_\_\_ | \_\_\_\_\_

**Smile Design template books:** Dr. Trent Smallwood: Platinum Paradigm, Smiles Design No: \_\_\_\_\_  
 Dr. Elliott Mechanic: Aesthetic Dentistry, Patient Guidebook, page No: \_\_\_\_\_

**Models, Matrix and Stent selections : -**  Silicone Matrix for provisionals  Prep reduction silicone Matrix  
 Clear Vacuum formed Stent for provisionals  Model of prep design