Name _____

CUD____CLD____ PUD____ PLD____ Implants_____Immediate_____

Date	Description			
	Initial Consultation:			
	Comments:			
	Fee quoted:			
	Examination			
	Preliminary impressions			
	Final impressions			
	Jaw relation records: ☐ Tactile ☐ Pin tracer ☐ Face bow			
	OLD		**NEW**	
	Centric Relation	mm	Centric Relation	mm
	Centric Occlusion	mm	Centric Occlusion	mm
	Freeway Space	mm	Freeway Space	mm
	Incisal Lengh	mm	Incisal Lengh	mm
	Try-in			
	Comments:			
	Insertion			
	Comments:			
	New Denture Information			
	Tooth mold & shade:	max: 1 x 6		1 x 8
	Brand:	mand: 1 x 6		1 x 8

Try-in approval

By signing below you are approving the esthetics of your new dentures - the colour, size, and arrangement of the teeth. If there are any esthetic changes after the dentures are completed extra charges may apply.

Date: Signature:

_____ _____

Date	Description