



Tischler Dental Laboratory

Doctor Name: _____

Office Address: _____ City, State & Zip Code: _____ Telephone: _____

Patient Name: _____

Implant System: _____ Tooth Shade: _____ Tissue Shade: _____

Date Sent: _____ Date Requested: _____

For best results with immediate dentures & wax ups please provide the following:

Male Female

Age: _____

Pictures:

Natural Smile at Rest

Big Smile

At Rest

Wax-Rims with Marks for:

Midline

Cuspids

High Smile Line

Images can be emailed to mail@tischlerdentallab.com

Pre-Op Study Models

Dentate Start

___ Temporary (Immediate) Denture U/L

___ Duplicate Wax Set-Up U/L

___ Modify Set-Up (Specify on Reverse) U/L

___ Surgical Stents U/L

Edentulous Start

___ Pour and Mount Final Impression U/L

___ Custom Tray U/L

___ Screw Retained Wax-Rim U/L

___ Verification Jig U/L

___ Screw Retained Set-Up U/L

___ Reset (Specify on Reverse) U/L

PMMA Phase

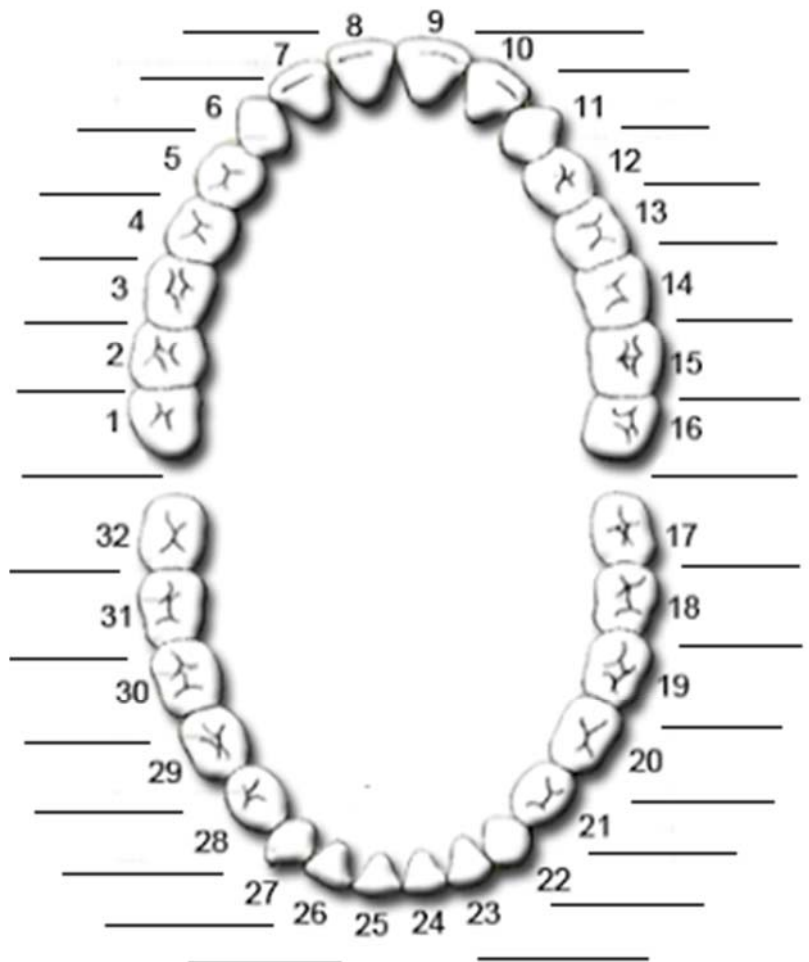
___ PMJIG U/L

___ PMMA U/L

Final Phase

___ Pour Updated Soft Tissue Impression U/L

___ Final Prettau Bridge U/L



Requires passive/complete seat + confirmed set-up approved by Dr. and Patient

The World Leader in Prettau® Zirconia Full-Arch Bridges

(800) 807-1719 43 Basin Road, Suite 11 West Hurley, NY 12491
www.TischlerDentalLab.com

Esthetic & Functional Analysis

Remount: Yes / No

Vertical Dimension:

Approved: _____

Open: _____

Close: _____

If VDO changes, at expense of:
UPPER / LOWER / BOTH

Overjet:

Appropriate: _____

Change: _____

Midline & Incisal Edge Position:

Approved: _____

Modify (specify): _____

Maxillary

Mandibular

Specify modification requests below:

NOTES/COMMENTS:

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