Quartz Dental, Inc.

13275 E. Fremont Pl. #206 Centennial, CO 80112
Phone: 303-706-1474 Fax: 303-706-0014
Email: quartzsmile@ihtw.com

Diagnostic Wax-Up Rx

Today's Date:_____ Due Date:_____
Dr's Name:_____
Patient Name:_____
Pt Sex:_____ Pt Age:_____
Future Restoration:_____

Teeth Numbers															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Matrix Selections
☐ Prep Matrix
☐ Temp Matrix
☐ Incisal Matrix
☐ Bite Matrix
☐ Occlusal Plane

Models
☐ Prep Model
☐ Duplication

Shape/Contour
☐ Match Existing
☐ Make Ideal
☐ _____

Shift Midline
☐ Yes:
R_____mm
L_____mm
☐ No

Length of Centrals
#8 _____mm
#9 _____mm

Surface Anatomy
☐ Smooth
☐ Textured
☐ Match Existing

Opening Vertical
☐ Yes _____mm
☐ No

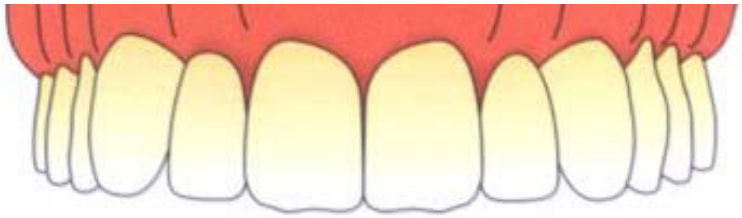
Shimbashi
Pre _____mm
Post _____mm

RCT Teeth
☐Yes #'s_____
☐ No

Patient is/has:
☐ Gingival Contouring
(Mark pre-op model)
☐ Crown Lengthening
☐ Discoloration of Stumps
☐ Patient Bleaching

Pt. Concerns
_____
_____
_____
_____

Dr. Concerns
_____
_____
_____



Incisal Embrasure
☐ Rounded ☐ Square ☐ Open ☐ Closed

☐ **Call Doctor before proceeding with case**

Items Included With Case:
☐ Bite
☐ Opposing Teeth
☐ Impression or Pre-Op Model
☐ Photos (if necessary)

Instructions
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
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Doctor's Signature:_____