

Lucitone Digital Print Denture

Try-In Clinical Checklist

Patient Name:	Date: _		
Laboratory Name:	Case Number: _		
Overview • The Try-In is an exact evaluation designed. • The Try-In can be adjusted and equilified. • Adjustments to the Try-In should be expected.	brated like any final denture. exact instructions - expressed		of change.
Step-By-Step Checklist			
☐ Insert Try-In in the patient's mouth	and adjust sharp spots or pre	ssure areas.	
Does the Try-In have good retention Comments:		YesN	o, new impression required
Re-impression the Try-In for new scans	i.		
☐ Is the VDO (Vertical Dimension of C Comments:	·	Yes	No, needs adjustment
☐ Are there areas of over-extension? Comments:		Yes,	needs adjustmentNo
Grind away any over-extension and ser	nd to laboratory to scan.		
☐ Is the midline in position? Comments: Indicate required adjustment - left or ri	iaht - number of mm	Yes	No, needs adjustment
☐ Is the lip support adequate? Comments:		Yes	No, needs adjustment
TIP: Check by looking at upper teeth o Indicate adjustment in mm - facial or lin		lluate "SH" sou	ınd for lower teeth.
☐ Is the incisal edge position correct? Comments:	?	Yes	No, needs adjustment
TIP: Check "F" and "V" sounds. Evaluate whether teeth are too high or	low - indicate adjustment +/-	in mm.	
☐ Is there a cant? Comments:		Yes,	needs adjustmentNo
Evaluate whether teeth on left or right	need to go up or down in mm		
From the view of the facial, are the cervic Comments:		ement?Yes	No, needs adjustment
Indicate adjustment - lengthen or shorten in			
Is there a preference for anterior tooth a Comments:			YesNo
Indicate final Lucitone Digital Print base ☐ Original ☐ Original Opaque	e shade: □ Light □ Light	Reddish Pink	□ Dark Reddish Pink
Indicate final IPN 3D denture tooth shade:		(Sele	ect from 16 A-D*, BL1, BL3)
Check all of the following options desire			
ATTENTION CLINICIAN: Provide precise	e notations for your laboratory	and return this	s checklist with the Trv-In

for additional adjustments and final design.