



## DIAGNOSTIC WAX-UP CHECK LIST

Patient \_\_\_\_\_

Date \_\_\_\_\_

- Pre-op models, maxillary and mandibular
  
- Bite registration
  - CR bite
  - Protrusive bite
  
- Photos of pre-op teeth: full face smile, 1:1 retracted, 1:2 retracted, 1:2 natural smile, 1:2 smile profile and any other photographs you deem important for the case.
  
- Stick bite indicating horizontal plane parallel to inter-pupillary line
  
- Stick bite photo with full face and including eyes
  
- Written treatment plan including:
  1. Central incisor length and width
  2. Tooth numbers of involved teeth
  3. Whether midline should be moved
  4. Is gingival contouring required and for which teeth
  5. Will the vertical dimension be opened and by how much
  6. Patient's goals and dislikes with current dentition
  7. Suggestions for overall tooth shape: oval, square, round, soft or squared off incisal angles, etc.