



Dr. Name _____

DIAGNOSTIC WAX UP RX

Date _____

Due Date _____

Patient Name _____

1. Upper And lower pre-op models
2. Model with Incisal edge mock up of centrals to show length and labio/lingual positioning
3. Face bow
4. Bite registration
 - a. CO _____
 - b. CR _____
5. Stick bite
6. Photo's
 - a. Full face
 - b. Profile without mock up - slight smile
 - c. Profile with mock up - slight smile
 - d. Eyebrow to chin with stick bite
7. Requested length
 - a. Central _____
 - b. Lateral _____
 - c. Canine _____
8. Desired Restoration CEJ to CEJ _____ from tooth # _____ to tooth # _____
9. Teeth involved in wax-up #'s _____