



PINNED DIAGNOSTIC MODEL

Dr. Name _____ Due Date _____

Date _____ Patient Name _____

1. Upper And lower polyvinyl _____
2. Face bow type _____
3. Articulator type _____
4. Bite registration
 - a. CO _____
 - b. CR _____
 - c. NM _____
5. Please follow Hornbrook Group pinned diagnostic protocol _____
6. Fabricate models for future wax ups _____