Mabel® DENTAL LAB

Digital Denture Printed Try-In Checklist

Ensure a Perfect Fit for Your Patient

The Digital Denture Printed Try-In Patient Checklist helps you and the patient evaluate the fit, function, and esthetics of the digitally printed monochrome try-in. Include the completed form to keep your case moving smoothly and to ensure precision in the final printed denture.

Doctor Name:

Practice / Lab Name:

Patient Name:

Date:

Return Case by 5pm:

Overview

- The printed try-in is an exact replica of how the final denture will be including fit, midline and teeth size.
- Adjust & equilibrate the digital printed try-in. Then scan the adjusted try-in denture and send it to our lab.
- Provide exacting adjustment instructions expressed in millimeters of change.
- In addition to the checklist comments, if desired, express adjustment instructions with a bur on the try-in.

Step-By-Step Checklist

1. **Insert the try-in in the patient's mouth and adjust sharp spots or pressure areas.**

2. **Does the printed try-in have good retention?** ❑ Yes ❑ No
   If no, please take a new impression of the try-in.
   Comments: _____
   _____
   _____
   _____

3. **Is the Vertical Dimension of Occlusion (VDO) correct?** ❑ Yes ❑ No
   If no, adjust the occlusion and make a new record.
   Comments: _____
   _____
   _____
   _____

Step-By-Step Checklist *continued*

4. Are there areas of over-extension? ❑ Yes ❑ No

If yes, grind away any over-extension and take a new impression to send to our lab.

Comments: _____

_____

_____

_____

5. Is the midline in position? ❑ Yes ❑ No

If no, mark adjusted midline on try-in denture with thin diameter bur and take a new impression.

Comments: _____

_____

_____

_____

6. Is the lip support adequate? ❑ Yes ❑ No

If no, indicate facial or lingual – indicate adjustment +/- in mm. Evaluate the upper teeth on the wet/dry line of the lower lip. Evaluate "SH" sound for lower teeth.

Comments: _____

_____

_____

_____

7. Is the incisal edge position correct? ❑ Yes ❑ No

If no, determine if teeth are too high or low – indicate adjustment +/- in mm. Check "F" and "V" sounds.

Comments: _____

_____

_____

_____

8. Is there a cant? ❑ Yes ❑ No

If yes, provide teeth adjustment, left or right – indicate adjustment +/- in mm.

Comments: _____

_____

_____

_____

9. Check the cervical of #6-#11 for proper placement. ❑ Yes ❑ No

If incorrect, indicate in millimeters how much more/less tissue/tooth needs to show.

Comments: _____

_____

_____

_____

10. Select final printed denture tooth shade:

❑ A1 ❑ A2 ❑ A3 ❑ B1 ❑ Bleach

Submit this checklist for noted adjustments and final design.

11. How would you like to proceed?

❑ Return for another printed try-in ❑ Return a final printed denture