

Lucitone Digital Print Denture

Try-In Clinical Checklist Patient Name:	Date:		y of: Dr. Valerie McMillan, D.D.S
Laboratory Name:	Case Number:		
Overview • The Try-In is an exact evaluation design of the final • The Try-In can be adjusted and equilibrated like an • Adjustments to the Try-In should be exact instruct • Adjustments may also be written/expressed in magnitude.	al denture. ny final denture. tions - expressed ii	n millimeters of	
Step-By-Step Checklist			
☐ Insert Try-In in the patient's mouth and adjust s	harp spots or pres	ssure areas.	
□ Does the Try-In have good retention? Comments: Do increase the Try-In few powers and the Try-In few powers are the Try-In few powers.		YesNo, I	new impression required
Re-impression the Try-In for new scans. Is the VDO (Vertical Dimension of Occlusion) co Comments: Adjust apply report	orrect?	Yes	No, needs adjustment
Adjust occlusion and make new record. Are there areas of over-extension? Comments: Grind away any over-extension and send to laborat	ory to scan.	Yes, ne	eds adjustmentNo
☐ Is the midline in position? Comments: Indicate required adjustment - left or right - number		Yes	No, needs adjustment
☐ Is the lip support adequate? Comments: TIP: Check by looking at upper teeth on wet/dry lin Indicate adjustment in mm - facial or lingual.			No, needs adjustment
☐ Is the incisal edge position correct? Comments: TIP: Check "F" and "V" sounds. Evaluate whether teeth are too high or low - indical	te adiustment +/- i		No, needs adjustment
☐ Is there a cant? Comments: Evaluate whether teeth on left or right need to go upon the comments of the comment of the com		Yes, ne	eds adjustmentNo
☐ From the view of the facial, are the cervicals of anterior Comments:			No, needs adjustmen
☐ Is there a preference for anterior tooth arrangement? Comments:			YesNo
Indicate final Lucitone Digital Print base shade: ☐ Original ☐ Original Opaque ☐ Lig	ht 🗖 Light I	Reddish Pink	☐ Dark Reddish Pink
Indicate final IPN 3D denture tooth shade:			from 16 A-D*, BL1, BL3)
Check all of the following options desired: ☐ Rugae	🔲 Stipple 🔲 Oth	ner	

ATTENTION CLINICIAN: Provide precise notations for your laboratory and return this checklist with the Try-In for additional adjustments and final design.