**Diagnostic Wax-up - Case Check-off List**

**Patient name_____________________________________________________________________

**item checkoff list**

- ✔️ Study casts, both maxillary and mandibular. Be sure to capture extension of palate, ridges, flanges, Hamular notch, and retromolar pads.

- ✔️ Accurate facebow transfer of maxillary arch. Please facebow mount maxillary cast in office to avoid distortions.

- ✔️ CR bite registration using method of choice to achieve centric relation joint position.
  - Be sure to load test to verify joint position.

- ✔️ Protrusive bite record.

- ✔️ Photographs needed*
  1. Full face smiling
  2. Smile - without retractors
  3. Smile Profile - close-up
  4. High smile line
  5. Smile with teeth apart
  6. “E” position
  7. Rest position
  8. Smile - head tipped down slightly
  9. Maximum Intercuspation with retractors

- ✔️ Radiographs and/or cephalometric MRIs if there are joint issues. Classify each TMJ using Piper classification system.

- ✔️ Complete perio evaluation with sulcular depth information.

- ✔️ Written complete doctor’s treatment plan evaluation based on the examination process and records results. Detailed instructions to laboratory.

In-lab time should be about two to three weeks if all records are included and accurate. Case will be returned completed and ready for delivery.

*see BVDL photo communication guide