

1 Doctor Info

DOCTOR'S NAME

PHONE

ADDRESS

EMAIL

TODAY'S DATE

2 Patient & Implant Info

PATIENT NAME (FIRST / LAST)

AGE

IMPLANT SYSTEM

IMPLANTS

☐ Male ☐ Female

ARCH

☐ Upper

☐ Lower

MULTI-UNIT ABUTMENTS

☐ Yes

☐ No

PHOTOGRAMMETRY SYSTEM

☐ Shining3D Aoralscan Elite

☐ iCam4D (Imetric)

☐ PIC Dental

☐ Other

VISIT 01 Digital Data Capture

Photogrammetry, intraoral scans & bite

Send all files through your scanner portal or to support@UticaDentalLab.com. Check each file included:

- ☐ Photogrammetry file of implant positions
Scan bodies / flags seated on multi-unit abutments
- ☐ Intraoral scan of soft tissue
Edentulous ridge with healing caps removed
- ☐ Opposing arch scan
- ☐ Scan of existing denture or provisional
Intaglio and occlusal surfaces
- ☐ Bite registration scan at verified VDO and CR
- ☐ Patient photos (optional)
Full smile, retracted and at rest

VITA TOOTH SHADE

GINGIVA SHADE

SCANNER / CASE ID

COMMENTS

VISIT 02 3D Printed Prototype Try-In

Verify all conditions before approving the final:

- ☐ Prototype is passive and fully seated
- ☐ VDO is correct
- ☐ CR is correct
- ☐ Patient likes tooth color
- ☐ Patient likes tooth shape
- ☐ Patient agrees with tooth arrangement
- ☐ Esthetics and phonetics are acceptable

☐ Approved, proceed to final ☐ Changes needed

COMMENTS / CHANGES

VISIT 03 Insert Zirconia Full Arch

Verify all objectives from the prototype try-in:

- ☐ Prosthesis is passive
- ☐ VDO is correct
- ☐ CR is correct
- ☐ Patient likes tooth color
- ☐ Patient likes tooth shape
- ☐ Patient agrees with tooth arrangement
- ☐ Esthetics and phonetics are acceptable

COMMENTS

UDL
ARCH FLOW

Photogrammetry scanner rental program

Go digital on full-arch cases without buying a scanner. Call 866-733-3152 or email support@UticaDentalLab.com

SIGNATURE

LICENSE #

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MULTI-UNIT ABUTMENTS

☐ Yes ☐ No

VISIT 01 Impressions

Preliminary / final

Checklist:

- ☐ Impression(s) with transfer copings and implant analogs
☐ Counter model

COMMENTS

VISIT 02 Verification & Shade

Jig · bite block · tray

Answer **Yes** to each before proceeding to the third visit:

- Is the verification jig passive? (If no, see protocol) ☐ Yes ☐ No
Have CR and VDO been taken and verified? ☐ Yes ☐ No
Has the Vita shade been taken for tooth color? ☐ Yes ☐ No
Has gingiva shade been taken with the Pala guide? ☐ Yes ☐ No

VITA TOOTH SHADE

GINGIVA SHADE

VISIT 03 Wax Denture Try-In

Verify all conditions before proceeding:

- ☐ VDO is correct
☐ CR is correct
☐ Patient likes tooth color
☐ Patient likes tooth shape
☐ Patient agrees with tooth arrangement
☐ Esthetics and phonetics are acceptable

COMMENTS

VISIT 04 PMMA Provisional Prosthesis

Patient wears the PMMA provisional for **at least two weeks**. If changes are needed, refer to the protocol guide.

- ☐ Prosthesis is passive
☐ VDO is correct
☐ CR is correct
☐ Patient likes tooth color
☐ Patient likes tooth shape
☐ Patient agrees with tooth arrangement
☐ Esthetics and phonetics are acceptable

COMMENTS

VISIT 05 Insert Zirconia Full Arch

Verify all objectives from previous visits

- ☐ Prosthesis is passive
☐ VDO is correct
☐ CR is correct
☐ Patient likes tooth color
☐ Patient likes tooth shape
☐ Patient agrees with tooth arrangement
☐ Esthetics and phonetics are acceptable

COMMENTS

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ARCH FLOW

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SIGNATURE _____

LICENSE # _____