

PAN #		DATE OUT			
Scanned	Designed	Sent for milling	Scanned	Designed	Sent for milling
LAB USE ONLY					



Paul Ro Dental Laboratory Inc.  
 203 - 3991 Henning Dr. Burnaby, BC V5C 6N5  
 T. 604 432 7455  
 F. 604 438 7455  
 info@paulrodentallab.com  
 www.paulrodentallab.com

## IMPLANT SUPPORTED / RETAINED Overdenture / Partial Denture

V25

Clinic Name	PLEASE PRINT
Doctor Name	PLEASE PRINT
Patient Last Name	PLEASE PRINT
Patient First Name	PLEASE PRINT
Sent Date	
Due Date	

☐ MAXILLARY ☐ MANDIBULAR

IMPLANT BRAND AND CONNECTION SIZE

SPECIAL INSTRUCTIONS

☐ Send more Rx ☐ Send more bags

### DENTURE TEETH & OCCLUSION (CALL TO DISCUSS)

- |   |  |
|---|--|
| <input type="checkbox"/> High aesthetic demands           | <input type="checkbox"/> Poor neuromuscular control (Chronic bruxer / grinder) |
| <input type="checkbox"/> Opposing : Natural               | <input type="checkbox"/> Opposing : Denture                                    |
| <input type="checkbox"/> Opposing : Romovable overdenture | <input type="checkbox"/> Opposing : Fixed overdenture                          |
| <input type="checkbox"/> Class I                          | <input type="checkbox"/> Class II  |
| <input type="checkbox"/> Class III                        | <input type="checkbox"/> Cross-bite  |
| <input type="checkbox"/> Immediate denture                |  |

Provided by Doctor

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> VPS impression | <input type="checkbox"/> Bite registration | <input type="checkbox"/> Analog                   | <input type="checkbox"/> Model verification jig | <input type="checkbox"/> Verified model |
| <input type="checkbox"/> Provisional    | <input type="checkbox"/> Provisional model | <input type="checkbox"/> Provisional putty matrix | <input type="checkbox"/> Patient photos         |   |

Doctor Signature

### STEP 1 : Denture Set Up (If there isn't existing denture)

- ☐ Clinic will contact it's own dentist ☐ Paul Ro Dental Lab will recommend dentist

### STEP 2 : Conversion (Chairside service available)

- ☐ Analog/Replica ☐ Temporary titanium abutment  
☐ Impression ☐ Custom Trays

### STEP 3 : Transfer Mount

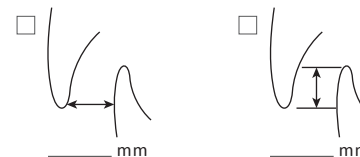
1. Record essential data by marking on the temporary denture

- A. Mid-line  
☐ Keep as is ☐ Change (Mark on temporary and take intra-oral photos)

- B. High smile line  
☐ Keep as is ☐ Change (Take intra-oral photos)

C. Overjet and overbite (photo with marked object line required)

- ☐ Keep as is



D. Vertical dimension

- ☐ Keep as is ☐ Increase by \_\_\_\_\_ mm ☐ Decrease by \_\_\_\_\_ mm

E. Horizontal balance

- ☐ Keep as is ☐ Change (Take intra-oral photos)

F. Arch

- ☐ Keep as is ☐ Wider ☐ Narrower

2. Take impressions and bite registration with the temporary in patient's mouth

3. Take final impression without temporary (Use splinted impression copings)

4. Verify model with verification jig (We will not make bar on unverified model)

### Removable Prosthetics

- ☐ CAD/CAM Implant Bar Supported Overdenture ☐ Implant Supported/Retained Overdenture  
☐ Implant Supported/Retained CAD/CAM Digital Partial Denture (Cobalt Chrome)  
☐ Implant Supported/Retained CAD/CAM Digital Partial Denture (Titanium)

Choose Denture Teeth : ☐ Premium ☐ Economy

Teeth Mould (LAB USE ONLY)

Shade