



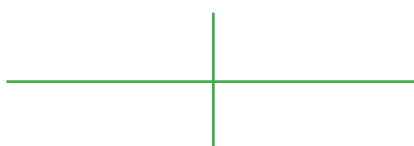
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## DIAGNOSTIC WAX -UP

DENTISTS NAME		PATIENTS NAME
DENTISTS ADDRESS		RETURN DATE
		PHONE NUMBER
JOB No.	DATE	CONTENTS

**DESIRED OUTCOME**

CLOSE DIASTEMA/SPACES	<input type="checkbox"/>
MAKE TEETH LONGER	<input type="checkbox"/>
REPLACE MISSING TEETH	<input type="checkbox"/>
CHANGE SHAPE	<input type="checkbox"/>
STRAIGHTEN TEETH	<input type="checkbox"/>
ADJUST MIDLINE	<input type="checkbox"/>
GINGIVAL RECONTOURING	<input type="checkbox"/>

<b>TEETH TO BE RESTORED</b> 
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### LIP LINE POSITION

NORMAL     Low     High

### OCCLUSAL ANALYSIS

GROUP FUNCTION     RESTORE WORN TEETH     DEVELOP CANINE GUIDANCE

### MIDLINE

MOVE LEFT     MOVE RIGHT     AS IT IS

### MATRIX OR STENTS REQUIRED

CLEAR VACUUM FORMED STENT FOR PROVISIONALS	<input type="checkbox"/>
SILICONE MATRIX FOR PROVISIONALS	<input type="checkbox"/>
PREP REDUCTION GUIDE	<input type="checkbox"/>
MODEL OF PREP DESIGN	<input type="checkbox"/>

<b>NOTES</b>
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