

WAX TRY-IN APPROVAL FORM

Your custom complete or partial denture is nearly finished. Prior to processing and delivering your denture, several items need to be approved. Keep in mind the teeth are currently in wax, and reasonable changes may still be able to be made. **FOLLOWING PROCESSING HOWEVER, IT WILL BE UNLIKELY THAT FURTHER CHANGES ARE POSSIBLE.** To ensure that we both are very happy with your denture, it is critical that we together approve the following.

- 1 I am satisfied with the shape, size and colour of the teeth
- 2 I am satisfied with the position of the teeth when I smile (I do not feel that too much or too little teeth are showing)
- 3 I am satisfied with position and angulation of the teeth in relation to each other
- 4 I am satisfied that my lips look natural (I do not feel that my face looks too flat or too full)
- 5 I am satisfied with the midline of the teeth (location of the 2 front teeth)
- 6 My bite feels good and the teeth are touching on both sides of my mouth
- 7 When I speak, my teeth are not clicking together or too far apart
- 8 In general, I am pleased with this wax try-in

Additionally, each case is different as all mouths have different sizes and shapes. Sometimes it is unforeseeable that problems or concerns may arise that are not able to be solved without compromise.

By signing this document, I am approving the statements above and that any changes made after processing will incur additional charges.

Patient name:.....

Patient sign:.....

Dentist sign:.....

Date:.....