

Triad Diagnostic Wax Up Check List

Patient _____ Date _____

Tooth Numbers Type of Restoration _____

1. Final central incisor size to be: Length ____ mm. Width ____ mm
2. Move the midline yes/no _____ mm Right _____ mm Left
3. Modify free gingival line yes/no ____ mm apically on Teeth # _____
4. Smile Guide # _____.
5. Horizontal plane. ____ Idealize based on mounted models ____ Leave canted as seen in study models
6. Occlusal plane. ____ Idealize based on central incisal edge to 2nd molar buccal cusp
____ Leave as is.
7. Vertical dimension. ____ Leave as is ____ Open vertical to _____ mm (CEJ #9-CEJ #24)
8. Buccal corridor. ____ Build out to idealize ____ Leave as is.
9. Photos included: ____ Face ____ 1:2 Smile ____ 1:2 Retracted ____ Occlusal