


# Baltic Denture System check list



Digital Denture - 100 % your way

<p>..... <b>Date</b></p> <p>..... <b>Order number</b></p>	<p>..... Name</p> <p>..... Surname</p>	<p>Practice</p>
<p><b>Material information</b></p>	<p>• Tooth shade: .....</p> <p>• Tooth layering: <input type="checkbox"/> multi-layer    <input type="checkbox"/> ECO</p> <p>• Base colour:    <input type="checkbox"/> pink                      <input type="checkbox"/> dark pink</p> <p>• Base material: <input type="checkbox"/> High Impact    <input type="checkbox"/> normal</p>	
<p><b>Optional corrections</b></p> <p><b>Use of old denture</b></p> <p><b>or information after try-in</b></p>	<p>Correction midline                                      by ..... mm    <input type="checkbox"/> Patient right    <input type="checkbox"/> Patient left</p> <p>Correction visibility of the tooth row by ..... mm    <input type="checkbox"/> cranial            <input type="checkbox"/> caudal</p> <p>Correction visibility of bite height    by ..... mm    <input type="checkbox"/> raise              <input type="checkbox"/> lower</p> <p>Correction buccal corridor <input type="checkbox"/> visible    <input type="checkbox"/> not visible</p> <p><input type="checkbox"/> Change of tooth axes                                      </p> <p><input type="checkbox"/> Change of tooth position                                      <input type="checkbox"/> Photo(s) available</p>	
<p><b>Denture base design</b></p>	<p><input type="checkbox"/> anatomical design                      <input type="checkbox"/> sublingual roll                      <input type="checkbox"/> smooth design</p> <p><input type="checkbox"/> pronounced functional margin    <input type="checkbox"/> copy of the palatal folds    <input type="checkbox"/> dorsal damming (palatal vibrating line)</p> <p><input type="checkbox"/> no hollowing out of the Torus Palatinus</p>	
<p><b>Photos</b></p> <p><input type="checkbox"/> past</p> <p><input type="checkbox"/> present</p>	<p><input type="checkbox"/> Photo front view                                      <input type="checkbox"/> Photo profile view</p> <p><input type="checkbox"/> Photos sent by email to the following address: .....</p>	
<p><b>Course of treatment</b></p>	<p><input type="checkbox"/> <b>Starting basis: old denture(s) relined and bite position fixed</b></p> <p><b>New fabrication of denture from first impression and further documents required:</b></p> <p><input type="checkbox"/> Tray            <input type="checkbox"/> Bite template            <input type="checkbox"/> relineable bite template</p> <p><input type="checkbox"/> Bite template with tooth row            <input type="checkbox"/> Pin-point registration</p> <p>separate try-in required                      <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <hr/> <p>Next appointment on:.....                      Completion requested by:.....</p>	