



# PRE SURGERY RECORDS

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Location: \_\_\_\_\_

Maxilla

RTx  FTx

Clinician/Asst: \_\_\_\_\_

Mandibula

RTx  FTx

Referral Dentist: \_\_\_\_\_

Include

Facebow  Stick Bite

Patient's Main Dental Concern:

Headaches      Smile line      Overbite  
TMJ              Mouth opening      Overbite  
Muscles          Individual risk      Occlusal plane

## Photos

IOscan

Upper arch  
 Lower arch  
 Bite

Teeth in occlusion, lips closed and relaxed, frontal view  
 Teeth 5-1 inch apart, lips open and relaxed, frontal view  
 Big smile, frontal view  
 Big smile, teeth in occlusion, right side profile  
 Big smile, teeth in occlusion, left side profile

## Instructions

VDO for Design  Open  Keep  Close by \_\_\_\_mm

Upper Incisors  Lengthen  Keep  Shorten by \_\_\_\_mm

Lower Incisors  Lengthen  Keep  Shorten by \_\_\_\_mm

Overbite set to \_\_\_\_mm      Overjet set to \_\_\_\_mm

Midline  Keep  Move to right  Move to left by \_\_\_\_mm

Special Instructions: \_\_\_\_\_

Shade: \_\_\_\_\_

For laboratory: Please design and fabricate  Upper - Please fabricate immediate denture

Lower- Please fabricate immediate denture

Surgery Date: \_\_\_\_\_

Dentist Signature

Location

Date