

# Lucitone Digital Print Denture Try-In Clinical Checklist

Checklist courtesy of: Dr. Valerie McMillan, D.D.S.

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

Laboratory Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

## Overview

- The Try-In is an exact evaluation design of the final denture.
- The Try-In can be adjusted and equilibrated like any final denture.
- Adjustments to the Try-In should be exact instructions - expressed in millimeters of change.
- Adjustments may also be written/expressed in marker on the Try-In.

## Step-By-Step Checklist

Insert Try-In in the patient's mouth and adjust sharp spots or pressure areas.

Does the Try-In have good retention? \_\_\_\_\_Yes \_\_\_\_\_No, new impression required

Comments: \_\_\_\_\_  
Re-impression the Try-In for new scans.

Is the VDO (Vertical Dimension of Occlusion) correct? \_\_\_\_\_Yes \_\_\_\_\_No, needs adjustment

Comments: \_\_\_\_\_  
Adjust occlusion and make new record.

Are there areas of over-extension? \_\_\_\_\_Yes, needs adjustment \_\_\_\_\_No

Comments: \_\_\_\_\_  
Grind away any over-extension and send to laboratory to scan.

Is the midline in position? \_\_\_\_\_Yes \_\_\_\_\_No, needs adjustment

Comments: \_\_\_\_\_  
Indicate required adjustment - left or right - number of mm.

Is the lip support adequate? \_\_\_\_\_Yes \_\_\_\_\_No, needs adjustment

Comments: \_\_\_\_\_  
**TIP:** Check by looking at upper teeth on wet/dry line of lower lip. Evaluate "SH" sound for lower teeth.  
Indicate adjustment in mm - facial or lingual.

Is the incisal edge position correct? \_\_\_\_\_Yes \_\_\_\_\_No, needs adjustment

Comments: \_\_\_\_\_  
**TIP:** Check "F" and "V" sounds.  
Evaluate whether teeth are too high or low - indicate adjustment +/- in mm.

Is there a cant? \_\_\_\_\_Yes, needs adjustment \_\_\_\_\_No

Comments: \_\_\_\_\_  
Evaluate whether teeth on left or right need to go up or down in mm.

From the view of the facial, are the cervicals of anterior teeth in proper placement? \_\_\_\_\_Yes \_\_\_\_\_No, needs adjustment

Comments: \_\_\_\_\_  
Indicate adjustment - lengthen or shorten in mm.

Is there a preference for anterior tooth arrangement? \_\_\_\_\_Yes \_\_\_\_\_No

Comments: \_\_\_\_\_

Indicate final Lucitone Digital Print base shade:

Original       Original Opaque       Light       Light Reddish Pink       Dark Reddish Pink

Indicate final IPN 3D denture tooth shade: \_\_\_\_\_ (Select from 16 A-D\*, BL1, BL3)

Check all of the following options desired:  Rugae  Stipple  Other \_\_\_\_\_

**ATTENTION CLINICIAN:** Provide precise notations for your laboratory and return this checklist with the Try-In for additional adjustments and final design.