

# BTI Clinical Checklist

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

**Case Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

## Overview

- The Bio-functional Try-In (BTI) is an exact evaluation design of the final denture.
- The BTI can be adjusted and equilibrated like any final denture.
- Adjustments to the BTI should be exact instructions – expressed in millimeters of change.
- Adjustments may also be written/expressed in marker on the BTI.
- Patient may use the BTI as a take-home evaluation or emergency denture (after final denture placement).

## Step-By-Step Checklist

☐ **Try in the BTI and adjust sharp spots or pressure areas.**

☐ **Does the BTI have good retention?** Yes/No **If NO**, re-impression the BTI device for new scans.

☐ **Is the VDO (Vertical Dimension of Occlusion) correct?** Yes/No **If NO**, adjust occlusion and make new record.

☐ **Are there areas of over-extension?** \_\_\_OK \_\_\_Needs adjustment

Comments: \_\_\_\_\_  
If an adjustment is needed, grind away any over-extension and send to the laboratory to scan.

☐ **Is the midline in position?** \_\_\_OK \_\_\_Needs adjustment

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

☐ **Lip Support?** \_\_\_OK \_\_\_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.

☐ **Incisal Edge Position?** \_\_\_OK \_\_\_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?** \_\_\_OK \_\_\_Needs adjustment

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?** \_\_\_OK \_\_\_Needs adjustment

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

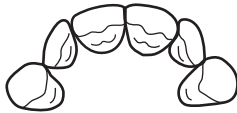
Indicate adjustment - lengthen or shorten in mm.

☐ **Is there a preference for anterior tooth arrangement?**

Comments on arrangement: \_\_\_\_\_

Illustrations below are samples only; you are not limited to these options.

A- Rotate lateral incisors



B- Flare central incisors



C- Small diastemata all anteriors



D- Move laterals to palatal



E- Rotate #9 with small overlap



F- Regular setup



**Indicate final Lucitone 199® gingival shade:**

\_\_\_ Original \_\_\_ Light Reddish Pink \_\_\_ Light \_\_\_ Dark Pink

**Indicate final tooth shade requested:**

\_\_\_ A-D, BW1, BW2, or Portrait® IPN® shade

**Check all of the following options desired:**

\_\_\_ Rugae \_\_\_ Post Palatal Seal \_\_\_ Exclude teeth

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