

WTI Clinical Checklist

Patient Name:			
Laboratory Name:			
Case Number:	Date:		
Checklist courtesy of: Dr. Ste	ephen Wagner, D.D.S.		
• The WTI can be adjusted and	aluation of the final denture design. I equilibrated like any a conventional wa Ild be made by warming wax and movir		n millimeters of change
Step-By-Step Checklis	st		
☐ Try in the WTI and adjust sh	harp spots or pressure areas.		
□ Does the WTI have good re	etention? Yes/No If NO, take a wa using a lig	sh impression of the W ght viscosity material.	/TI device for new scans
□ Do the peripheral borders r If adjustments are needed, g	replicate the final impressions? grind away over extensions.	OK	_Needs adjustment
☐ Is the midline in position? If adjustment is needed, war	rm wax and move anterior teeth left or i		_Needs adjustment position.
	per teeth on wet/dry line of lower lip. E rm wax and move teeth facial or lingual	Evaluate "SH" sound for	Needs adjustment lower teeth.
	re too high or low, "F" and "V" sounds. warm wax and tilt incisal of anterior teet		_Needs adjustment
☐ Is there a cant? If adjustments are needed, v	warm wax and move teeth left or right a		_Needs adjustment
	ervical of anterior teeth in proper place warm wax and move teeth to lengthen o		
	the desired position of the cervical of a positon of cervical +/- in mm, relative to		vax or provide amm





Is there a preference for anterior tooth arrangement? TIP: Below are examples of different styles of tooth arrangements. If adjustment are needed, warm wax and rotate individual teeth as necessary.			
Comments on arrangement:			
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			
Once all adjustments are made, please have patient close in centric relationship, repeat multiple times to ensure accuracy of the VDO (Vertical Dimension of Occlusion). If the bite needs to be opened, squeeze the posterior bite blocks to increase vertical height. Again, have the patient close in centric, multiple times to ensure accuracy and take a bite registration.			
ndicate final Lucitone 199® gingival shade: Original Light Reddish Pink Light Dark Pink			
ndicate final tooth shade requested: A-D, BW1, BW2, or Portrait® IPN® shade			

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

___ Rugae ____ Post Palatal Seal ___ Exclude teeth

Check all of the following options desired: