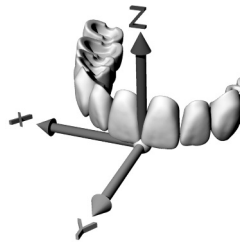




Baltic Denture System Checklist

| | | |
|----------------------------------|--|---|
| General data | Patient <input type="checkbox"/> ♂ <input type="checkbox"/> ♀ | Dental practice (company stamp) |
| | Name _____ Surname _____ | Date _____ |
| | BDLoad® tooth shade: <input type="checkbox"/> A2 light <input type="checkbox"/> A3 light <input type="checkbox"/> B2 <input type="checkbox"/> * <small>*Further classical A-D and BL1-BL4 tooth shades are available, but could require longer delivery times at the moment.</small> | used BDKEY®: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Date _____ |
| Optional corrections of position | correction of centre of face (X) um _____, _____ mm <input type="checkbox"/> patient right <input type="checkbox"/> patient left correction lip reline (Y) um _____, _____ mm <input type="checkbox"/> anterior <input type="checkbox"/> posterior correction visibility of the teeth (Z) um _____, _____ mm <input type="checkbox"/> cranial <input type="checkbox"/> caud |  |
| Denture design | <input type="checkbox"/> anatomically designed <input type="checkbox"/> sublingual roll <input type="checkbox"/> non-anatomical design with smooth surface <input type="checkbox"/> distinct functional ridge <input type="checkbox"/> other: _____ | |
| Photos | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px dashed black; padding: 5px; width: 45%;">Photo of patient with BDKEY®, front view</div> <div style="border: 1px dashed black; padding: 5px; width: 45%;">Photo of patient with BDKEY®, side view</div> </div> <input type="checkbox"/> photos sent via email / printed photos / USB stick/memory card | |
| Additional information | _____ _____ Delivery date: _____ | |

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