



# Baltic Denture System Checklist

General data	Patient <input type="checkbox"/> ♂ <input type="checkbox"/> ♀	Dental practice (company stamp)
	Name _____  Surname _____  used <sup>BD</sup> KEY®: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	Date _____  Dental lab (company stamp)
Please use for this patient case:	- <sup>BD</sup> Load® type: <input type="checkbox"/> <sup>BD</sup> Load® 4-layered anteriors 3-layered posteriors <input type="checkbox"/> <sup>BD</sup> Load® ECO monochrome anteriors monochrome posteriors	Date _____
	- teeth in classical V-shade: .....	
	- denture base color: <input type="checkbox"/> pink <input type="checkbox"/> dark pink	
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	Photo of patient with <sup>BD</sup> KEY®, front view	Photo of patient with <sup>BD</sup> KEY®, side view
	<input type="checkbox"/> photos sent via email / printed photos / USB stick/memory card	
Additional information	_____	
		Delivery date: _____

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