



Prototype Adjustment Form

Date _____

Please visit PalaDigitalDentures.com to enter online adjustments.

Important: Unless no adjustment is needed, include pictures of the patient wearing the prototype, front and side pictures.

Case number	Phone number	Patient name / ID	Doctor name	Doctor signature

Fully complete this form and return with the prototype.

If any of the items do not require adjustment, mark the "No issues" checkbox under "adjustment" column.

If adjustment is needed, follow the instructions and provide the information or material under the "Required items to process adjustments".

Adjustment	Adjustments needed	Required items to process adjustments
Retention <input type="checkbox"/> No issues <input type="checkbox"/> Issues ■ ■ ■ >	<input type="checkbox"/> Maxillary <input type="checkbox"/> Mandibular > Apply Heavy Body PVS around the borders and edges, especially on the soft palate area. > Perform border molding technique repeatedly. > Apply Light Body PVS covering the entire try-in and perform border molding technique. > Take the new bite following the "Bite & Occlusion" adjustment steps.	<input type="checkbox"/> New wash with heavy body and light body on prototype <input type="checkbox"/> New bite taken after the wash
Border <input type="checkbox"/> No issues <input type="checkbox"/> Issues ■ ■ ■ >	<input type="checkbox"/> Maxillary <input type="checkbox"/> over extended <input type="checkbox"/> under extended <input type="checkbox"/> Mandibular <input type="checkbox"/> over extended <input type="checkbox"/> under extended Adjust prototype borders and return to Pala Lab Partner.	<input type="checkbox"/> Provide prototype with border marked
Bite <input type="checkbox"/> No issues <input type="checkbox"/> Issues ■ ■ ■ >	<input type="checkbox"/> Open bite <input type="checkbox"/> Cross bite <input type="checkbox"/> Contact only on one side <input type="checkbox"/> Other > Remove material of prototype to correct Vertical Dimension. If bite is open, adjust teeth until proper Vertical Dimension is achieved. > Take a new bite registration if any adjustments are made to the prototype.	<input type="checkbox"/> New bite on prototype taken after adjustments
Vertical Dimension <input type="checkbox"/> No issues <input type="checkbox"/> Issues ■ ■ ■ >	<input type="checkbox"/> Excessive <input type="checkbox"/> Insufficient <input type="checkbox"/> Reduce the Vertical Dimension by _____mm <input type="checkbox"/> Increase the Vertical Dimension by _____mm Occlusal plane <input type="checkbox"/> Maintain <input type="checkbox"/> Increase by _____mm <input type="checkbox"/> Decrease by _____mm	<input type="checkbox"/> Provide VDO adjustment values
Occlusal Plane & Incisal Edge <input type="checkbox"/> No issues <input type="checkbox"/> Issues ■ ■ ■ >	<input type="checkbox"/> Canted towards patient's left <input type="checkbox"/> Canted towards patient's right <input type="checkbox"/> Raise by _____ mm <input type="checkbox"/> Lower by _____ mm <input type="checkbox"/> Posterior of Occlusal Plane is too high <input type="checkbox"/> Posterior of Occlusal Plane is too low <input type="checkbox"/> Anterior of Occlusal Plane is too high <input type="checkbox"/> Anterior of Occlusal Plane is too low <input type="checkbox"/> Incisal edge of centrals are high <input type="checkbox"/> Incisal edge of centrals are low	<input type="checkbox"/> Provide occlusal plane adjustment values





Adjustment	Adjustments needed	Required items to process adjustments
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Smile Line & Gummy Smile

No issues

Issues ■ ■ ■ >

- Maxillary Mandibular
 Show more teeth, increase/raise the tissue by _____ mm
 Excessive tooth display, decrease gingival by _____ mm

Provide adjustment values

Midline

No issues

Issues ■ ■ ■ >

- Maxillary
 Centrals canted to the patient's left Centrals canted to the patient's right
 Move the midline towards the patient's left by _____ mm
 Move the midline towards the patient's right by _____ mm
 > Use a marker to draw the correct midline on the try-in.
 > If the upper and lower midline do not align, take a new bite.
 > If the midline is tilted, adjust Occlusal Plane and Incisal Edge.

Provide prototype with the midline marked

Lip Support

No issues

Issues ■ ■ ■ >

- Excessive Insufficient
 Reduce lip support moving the anterior teeth lingually by _____ mm
 Reduce lip support thinning the buccal gingival flange by _____ mm
 Increase lip support moving the anterior teeth buccally by _____ mm
 Increase lip support thickening the buccal gingival flange by _____ mm

Provide lip support adjustment values

Overjet

No issues

Issues ■ ■ ■ >

- Excessive Insufficient
 Desired overjet _____ mm

Provide desired overjet values

Overbite

No issues

Issues ■ ■ ■ >

- Excessive Insufficient
 Desired overbite _____ mm

Provide desired overbite values

Teeth Set Up

No issues

Issues ■ ■ ■ >

- Teeth size Teeth arch shape
 Change to larger teeth mould Make the arch narrower
 Change to smaller teeth mould Make the arch wider

Provide teeth setup information

Please select one of the following:

- Make Adjustments - Go to final
 Make Adjustments - I want another prototype
 No Adjustments - Go to final

Other Adjustments: _____

Provide detailed description of the adjustment