

# Checklist Incoming Lab Orders

**Dentist:** \_\_\_\_\_

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

		Comments
<b>Disinfected:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Appointment time noted/timeline feasible:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>1. Details on order form:</b>		
1.1 Insurance status	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.2 Tooth color description, photos	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.3 Order description complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.4 Material description complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.5 Implant information complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.6 Occlusal contacts (e.g. Shimstock record)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. Review of included items:</b>		
2.1 Bite registration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.2 Antagonist impression/ preliminary impression	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.3 Face-bow	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Impression:</b>		
3.1 Material sealed to the tray?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.2 Relevant areas completely recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.3 Material consistency homogeneous?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4. Plaster model:</b>		
4.1 Complete recording of relevant areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.2 Surface quality acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.3 Voids/bubbles positive/negative	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.4 Fits accurately into bite registration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Necessary materials available:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Technical feasibility?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Personal feedback/consultation necessary?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Date and Signature:
