

Edentulous Exam patient _____ date _____

chief complaint: looseness soreness appearance cannot chew restricted diet other: _____

likes of prostheses: _____

age of prosthesis: U/ _____ yrs. /L _____ yrs. How long has patient been wearing dentures? U/ _____ yrs. /L _____ yrs.

extenuating circumstances: _____

treatment time restrictions: _____

patient personality type: active/vigorous medium small/delicate expectations: normal low high very high

use of adhesives: no yes occasional daily U/ only /L only both U/L usage: light moderate heavy

Visual - extraoral: facial asymmetry: _____

U/ lip line: long average short U/ lip translation: wnl excessive U/ lip pull: to pt.'s lt. wnl to pt.'s rt.

U/ lip support: full average lacking /L lip support: full average lacking "plumpers" indicated: yes no U/ /L

anterior gingival acrylic display: U/ /L none slight excessive comment: _____

teeth display: talking U/ _____ mm /L _____ mm smiling U/ _____ mm /L _____ mm laughing U/ _____ mm /L _____ mm

smile line: normal flat inverted U/ teeth smile line: normal flat inverted setup: traditional idealized personalized

mould evaluation: normal characterized long short narrow wide large small

gingiva (acrylic): natural dark light stained buccal corridor: full wnl empty commissures: wnl chelitis wrinkles

midline: U/ _____ mm to lt., rt. /L _____ mm to lt., rt. U/ axis alignment: good tilted to pt.'s lt., rt. from incisal edge

bite plane (#6 - #11) lt to rt: wnl tilted irregular up, down _____ mm Camper's plane A-P: wnl up down irregular

TMJ: popping soreness lt., rt. /L deviation-opening: lt., rt. vertical opening (OVD): open _____ mm wnl closed _____ mm

Visual - intraoral: cancer screening examination: wnl concerns: _____

current shade: _____ shade evaluation: dark wnl light patient desires: _____

ala meter reading: _____ resting papilla meter: _____ mm high lip line papilla meter: _____ mm Tri-measure opening: _____ mm

vertical overlap _____ mm horizontal overlap _____ mm hygiene: good fair poor

ridge relationship U/ to /L: normal end-to-end buccal X-bite lingual X-bite other: _____

denture teeth relationship to ridges: U/ anterior wnl lingual labial posterior wnl lingual labial

/L anterior wnl lingual labial posterior wnl lingual labial

evidence-history of denture cracking or breakage? yes no U/ /L denture tooth loss or breakage? yes no U/ /L

presence of denture reinforcing? yes no U/ /L recommend reinforcing? yes no U/ /L

denture teeth: porcelain acrylic mixed occlusal design: cusped flat linear lingualized

occlusal design: free-moving interlocked excursive dislodgement? yes no occlusal wear: wnl moderate excessive

I^m molar relationship: Cl. I Cl. II Cl. III cross bite habits: bruxism clenching ice 24 / 7 wear

stability - unilateral pressure: U/ stable rocking lt.-rt. ant.-post. /L stable rocking lt.-rt. ant.-post

borders: U/ labial-buccal wnl long short U/ post dam wnl long short

/L labial-buccal wnl long short /L lingual wnl long short /L posterior wnl long short

retention U/: good wnl inadequate retention /L: good wnl inadequate

pressure sensitivity: normal sensitive very sensitive gag reflex: normal sensitive very sensitive

saliva: wnl dry watery thick, ropey xerostomia / Sjogren's Use of saliva supplements? yes no recommended

Maxilla bone loss: slight moderate severe Showed comparative models of bone loss? yes U / L no

alveolar ridge: narrow wnl broad irregular undercuts Surgical correction? yes no

vestibule: deep wnl shallow frenum / tissue attachments: low wnl high

tissues: inflammation flabby, loose firm thin, loose fibrous mobile thin, attached keratinized epulis

tuberosities: lt., rt. flat moderate steep undercuts firm flabby Surgical correction? yes no

throat form: Cl. I (flat) Cl. II Cl. III (90 degree drop) palatal vault form: flat rounded "V" "U"

palate: square arched flat V-shaped palatal torus: s m l Surgical correction? yes no

evidence of combination syndrome: _____

Mandible bone loss: slight moderate severe Showed comparative models of bone loss? yes U / L no

alveolar ridge: knife-edge narrow average broad irregular retromolar pad: lt., rt. rigid lt., rt. flabby

torus: no yes lt., rt. s m l irregular undercuts Surgical correction? yes no

vestibule: deep wnl shallow none frenum / tissue attachments: low wnl high

tissues: inflammation flabby, loose firm thin, loose fibrous mobile thin, attached keratinized epulis

tongue: wnl enlarged retracted control: wnl difficult parafunction Discussed use of implants? yes no models

U/L radiographic findings: _____

examination by: _____ date _____