



Prosthesis Wax Try-in Approval

On this date with the wax try-in of my prosthesis (prostheses), I approve of the shade (color), mould (shape), and arrangement of the teeth for my _____.

I have been advised that I may have my spouse and/or significant other persons to be present for this try-in approval if their opinions are significant to making my decision. I am satisfied that this opportunity has been available to me.

I have been shown the smile line with the prosthesis in my mouth and I approve the appearance.

I am in agreement that the case is ready for final processing, and I understand that should there be any changes after today, or if I should change my mind regarding this approval that I will be responsible for any additional financial obligations to remake this prosthesis (prostheses).

Patient Name _____
Please Print

Signature _____

Date _____

Witness _____
For Sunridge Dental Care

Date _____

Karl K. Wirtz, D.D.S., P.C.