



Patrick S. Burchfield DDS & Gregory M. Melton DDS

4444 Carter Creek Pkwy Suite 101, Bryan, Texas 77802

(979) 846-7799

www.burchfielddds.com

Patient Approval for Prosthesis Fabrication

Patient Name _____

Denture

Date	Upper/Lower (circle one)	Patient's Signature of Approval
_____	Wax Bite Satisfactory	_____
_____	Wax Try-in with Teeth	_____
	Color	_____
	Shape	_____
	Bite (occlusion)	_____

Partial Denture

Date	Upper/Lower (circle one)	Patient's Signature of Approval
_____	Wax Bite Satisfactory	_____
_____	Wax Try-in with Teeth	_____
	Color	_____
	Shape	_____
	Bite (occlusion)	_____

Crown/Bridge/Laminate (circle one) Teeth #'s _____

Patient's Signature of Approval

Shade, Occlusion, contact, Color, Esthetics
