

ROE Dental Laboratory

Occlusal Splint Diagnostic and Fabrication Worksheet

Dr. _____

Pan # _____ Date _____

Dr. was called by _____

Return splint to _____ after mounting

Occlusal Design

PERMISSIVE	NON-PERMISSIVE
<input type="checkbox"/> Flat Plane	<input type="checkbox"/> Shallow indents for opp. cusps
<input type="checkbox"/> Flat Plane (level)	<input type="checkbox"/> Cuspid guidance
<input type="checkbox"/> Lingualized occ.	<input type="checkbox"/> Anterior guidance
<input type="checkbox"/> No opp. incisal contact	

Appliance Type / Use

<input type="checkbox"/> Upper	<input type="checkbox"/> Daytime use
<input type="checkbox"/> Lower	<input type="checkbox"/> Night Only
<input type="checkbox"/> Bruxism	<input type="checkbox"/> TMD
<input type="checkbox"/> Muscle relaxation	<input type="checkbox"/> Protective
<input type="checkbox"/> Diagnostic	<input type="checkbox"/> Tanner
<input type="checkbox"/> Other _____	

Vertical

Vertical measurement as measured from mark to mark on models is to be _____ mm. (+/- 1mm)

Open vertical with minimal posterior occlusal space as measured with space gauge. (anterior opening not to exceed 8mm)

Open vertical _____ mm as requested by Dr.

Maintain vertical provided from biteregistration

Other _____

Bite

Use Dr's bite for vertical settings.

Use Dr.'s bite & open as needed for adequate space for materials.

Hand-articulate

Hand-articulate & open as needed for adequate space for materials.

Other _____

Anterior Coverage

Cover labial surface 2-3mm

No labial surface coverage

No incisal coverage

Do not extend beyond lower incisors to contact upper anterior incisors

Other _____

Articulation

Mount duplicate model

Metal Articulator

Metal Foster with incisal pin

Semi-Adjustable with incisal pin

Use Drs. Articulator

Dr. Articulated casts

Other _____

Special Design

Minimal (<10mm) palatal tissue contact

No palatal tissue contact

Materials

<input type="checkbox"/> Thermaflex	<input type="checkbox"/> Add 2 ball clasps
<input type="checkbox"/> Ortho – Clear	<input type="checkbox"/> Add 4 ball clasps
<input type="checkbox"/> Flexite MP– Clear	
<input type="checkbox"/> Ivoclar Clear	

QC

Vertical opened _____ mm in anterior as measured from mark to mark on models.

Vertical opened with minimal posterior occlusal space (as measured with space gauge)

Quality standards met.

Case checked by _____