



Gilkerson Family Dentistry

1266 Pineview Drive, Morgantown, WV 26505

Phone: 304-284-0444 | Email: drmgilkersonwv@gmail.com

Denture Wax Try-In Acceptance Form

Patient Name: _____

Patient ID/Chart No.: _____

Date: ____ / ____ / ____

Clinician: _____

Procedure: Denture Wax Try-In

You are currently at the wax try-in stage of your complete/partial denture fabrication. This stage allows us to evaluate and confirm several important aspects before final processing of your dentures.

The following have been checked and confirmed:

- Fit of the denture base
- Midline and smile line
- Bite/occlusion
- Tooth shape, size, and position
- Esthetics (color, alignment, lip support, etc.)
- Speech and comfort (where applicable)

Patient Acknowledgment

I have examined the denture wax try-in and confirm that I am satisfied with the following:

- The appearance of the teeth (size, shape, and color)
- The fit and comfort of the denture base
- The bite and alignment feel correct
- I understand that only minor changes can be made after this stage
- I give my consent to proceed to the final processing of the denture

I understand that once the denture is processed, changes to tooth position, size, color, or arrangement will require remaking the denture and may involve additional cost.

Patient Signature: _____

Date: ____ / ____ / ____

Clinician Signature: _____

Date: ____ / ____ / ____