

OPERATORY CHECKLIST

Not exhaustive; please use in conjunction with your own Treatment Checklist



Required

From Seazona START date,
must send by next business day:

- Impressions and/or scans
- Bite reg. or scan
- RX

Required

From Seazona START date,
must send within GRACE PERIOD:

- Photography
- Follow-up RX information
- Additional enclosures

Recommended (not required)

BEFORE PREP

Preschedule in Seazona

START OF APPOINTMENT

Shade-taking to prevent dehydration
Preop Photos
Preop bite registration

REDUCTION

Appropriate for material
Appropriate for desired final contours
(use reduction guides)
Individual tooth draw
Congruent draw (bridge)
Path of insertion (adjacent contacts)

IMPRESSION / SCAN

-DO NOT USE TRIPLE-TRAY FOR ANTERIOR

-MARGINS MUST BE VISIBLE

-BITE REGISTRATION MATERIAL:

RIGID / NON-BRITTLE (IE Clone Bite - Ultradent)

Upper Prep & Temp

Lower Prep & Temp

Bite Registration(s)

OR

RX explanation why any of the above are not needed

RX

-NO SCANNER-BASED RX'S (E.g. Cerec or iTero)

Seazona "Options" **or** Print paper RX
Complete all relevant sections

WHILE PT IS IN CHAIR

Quality control your work: inspect impressions
and photos and redo any below-standard work.

PHOTOGRAPHY

PROPER EXPOSURE, FOCUS, WHITE BALANCE

ALL ANTERIOR

Shade (no dehydration)
Full Face (Preop & Temp)
Full Smile (P & T)
Stump

POSTERIOR ONLY

Shade photo OR written shade
Stump photo OR written shade



SHADE

TAB

Vita Classical or 3D Master
On tooth we are MATCHING TO
End to end / same plane
Shade number in photo

CAMERA

Perpendicular to tooth & tab



FULL FACE

PT

Tie back hair so ears are seen
Not numb
No bite stick, bite fork,
retractors or sunglasses
Standing or fully upright
Natural posture + 'big' smile

CAMERA

Straight-on (see ears equally)

ONE WEEK FOLLOW-UP

Full Face Temp photo (as needed)
Resolve any enclosures which have not
been sent and/or need to be redone

Something else needed? Please send in **addition-to NOT instead-of**