

MAGIC Denture

Magic Denture- 3D Printed Denture Try-in Evaluation & Adjustment Instructions

Please follow each step sequentially to ensure a successful Try-in appointment.

▲ All adjustments and processing requests must be entered online. ▲

Order Number	Doctor's name	Patient's name

Step	Adjustments Needed	Required Steps/Items
1. Initial Insertion <input type="checkbox"/> No Issues <input type="checkbox"/> Issues →	<input type="checkbox"/> Grind maxillary intaglio <input type="checkbox"/> Grind maxillary border <input type="checkbox"/> Grind mandibular intaglio <input type="checkbox"/> Grind mandibular border <div style="background-color: #f0f0f0; padding: 5px;"> *If any major adjustments are needed on the intaglio and/or border, make a wash impression at Step 11 </div> <p>> Insert the Try-in into the patient's mouth > If the Try-in cannot be properly seated, relieve the Try-in, as needed, and proceed to Step 2.</p>	
2. Occlusal Plane <input type="checkbox"/> No Issues <input type="checkbox"/> Issues →	<input type="checkbox"/> Too low. <input type="checkbox"/> Tilting downward to patient's left. <input type="checkbox"/> Too high. <input type="checkbox"/> Tilting downward to patient's right. <input type="checkbox"/> Raise by _____ mm <input type="checkbox"/> Lower by _____ mm <input type="checkbox"/> Whole occlusal plane <input type="checkbox"/> Anterior area <input type="checkbox"/> Posterior area <input type="checkbox"/> Left side <input type="checkbox"/> Right side	<input type="checkbox"/> Provide Occlusal Plane Adjustment Value
3. Maxillary Midline <input type="checkbox"/> No Issues <input type="checkbox"/> Issues →	<input type="checkbox"/> Move the maxillary midline towards the patient's left by _____ mm. <input type="checkbox"/> Move the maxillary midline towards the patient's right by _____ mm. <div style="background-color: #f0f0f0; padding: 5px;"> *If the upper and lower midline are misaligned, there may be an issue with the bite. If so, please follow the instructions on Step 5 to take a new bite. *If the maxillary midline is tilted, please refer to Step 2. </div> <p>> Use a marker to draw the correct maxillary midline on the Try-in..</p>	<input type="checkbox"/> Provide Midline Adjustment Value
4. Bite <input type="checkbox"/> No Issues <input type="checkbox"/> Issues →	<input type="checkbox"/> Anterior Open Bite. <input type="checkbox"/> Lateral Open Bite. <input type="checkbox"/> Cross Bite. <input type="checkbox"/> Other. <div style="background-color: #f0f0f0; padding: 5px;"> *If bite issue exists, make an adjustment according to the following instructions. Note: If needed, a new bite should be taken at Step 13. </div> <p>> Grind the posterior teeth until only anterior teeth occlude. (Open Bite Only) > Use bite registration PVS to take a new bite. > Ensure mandibular Try-In/Mandible is stable during bite registration.</p>	<input type="checkbox"/> Provide New Bite Registration on Try-In.
5. Lip Support <input type="checkbox"/> No Issues <input type="checkbox"/> Issues →	<input type="checkbox"/> Excessive. <input type="checkbox"/> Insufficient. <input type="checkbox"/> Reduce lip support: Move the anterior teeth lingually by _____ mm. <input type="checkbox"/> Reduce lip support: Decrease the buccal gum thickness by _____ mm. <input type="checkbox"/> Increase lip support: Move the anterior teeth buccally by _____ mm. <input type="checkbox"/> Increase lip support: Increase the buccal gum thickness by _____ mm.	<input type="checkbox"/> Provide Lip Support Adjustment Values
6. Smile Line <input type="checkbox"/> No Issues <input type="checkbox"/> Issues →	<input type="checkbox"/> Maxillary. <input type="checkbox"/> Mandibular. <input type="checkbox"/> Show more teeth: Move the anterior gum line by _____ mm. <input type="checkbox"/> Show less teeth: Move the anterior gum line by _____ mm. <div style="background-color: #f0f0f0; padding: 5px;"> *If incisal edge needs to be adjusted, refer to Step 2. </div>	<input type="checkbox"/> Provide Adjustment Value

Attention: The Try-in is used to seat, check and/or adjust the full-arch restoration setup (bite and occlusion, vertical dimension, border, midline, teeth setup, etc.) for a short amount of time. The Try-in is not approved for use by the patient outside the dental office. The Try-in is made of photocurable acrylate resin composed of urethane acrylate, several acrylate monomers. This product may contain small amounts of acrylate monomers which may cause skin sensitization or other allergic reactions in susceptible persons. If skin sensitization or other allergic reactions occur, discontinue use. If mucosal irritation or other symptoms persist, stop using and seek medical advice. The Try-in is contraindicated for patients and users with a history of allergic reaction to urethane acrylate or acrylate monomers.

Step	Adjustments Needed	Required Steps/Items
7. Overjet <input type="checkbox"/> No Issues <input type="checkbox"/> Issues →	<input type="checkbox"/> Excessive. <input type="checkbox"/> Insufficient. _____ <input type="checkbox"/> Desired anterior overjet is _____ mm.	<input type="checkbox"/> Provide Overjet Adjustment Value
8. Overbite <input type="checkbox"/> No Issues <input type="checkbox"/> Issues →	<input type="checkbox"/> Excessive. <input type="checkbox"/> Insufficient. _____ <input type="checkbox"/> Desired anterior overbite is _____ mm.	<input type="checkbox"/> Provide Overbite Adjustment Value
9. Teeth <input type="checkbox"/> No Issues <input type="checkbox"/> Issues →	<input type="checkbox"/> Increase to next size. <input type="checkbox"/> Decrease to next size. _____ <input type="checkbox"/> Change anterior maxillary shape to: <input type="checkbox"/> Ovoid. <input type="checkbox"/> Squared. <input type="checkbox"/> Square Tapered.	<input type="checkbox"/> Provide Teeth Adjustment Details
10. Take Pictures <input type="checkbox"/> Not Applicable <input type="checkbox"/> Applicable →	<input type="checkbox"/> 2. Occlusal Plane. <input type="checkbox"/> 3. Maxillary Midline. <input type="checkbox"/> 6. Smile Line. <div style="background-color: #f0f0f0; padding: 5px; margin-top: 5px;"> <p>*If adjustments are required for the above steps, pictures can help ensure that the changes are applied accordingly. Pictures can be taken by using Dentca's picture application. To use, please go to m.dentca.com, take a picture and write down the reference number on Step 13.</p> </div> <p>> Take a picture wearing the Try-in for adjustments of Steps 2, 3 and 6.</p>	<input type="checkbox"/> Upload Applicable Pictures
11. Retention & Borders <input type="checkbox"/> Not Applicable <input type="checkbox"/> Applicable →	<input type="checkbox"/> Maxillary Retention <input type="checkbox"/> Mandibular Retention <input type="checkbox"/> Maxillary Border <input type="checkbox"/> Mandibular Border <div style="background-color: #f0f0f0; padding: 5px; margin-top: 5px;"> <p>*If minimal adjustments are required, such as slightly shortening the borders, make a corresponding adjustment on the final denture. *If significant adjustments are required at this step or Step 1, perform a wash impression according to the following instructions: *Adhesive May be required between the try-in and PVS materials > Grind Try-in, if necessary. Remove post dam (if it's a Maxillary Try in). > Apply heavy body PVS around the borders and edges > Perform border molding steps; see Impression Manual for details > Apply light body PVS, covering the entire intaglio surface and repeat border molding steps > Record a new bite at Step 13.</p> </div>	<input type="checkbox"/> Provide New Wash Impression on Try-In
12. Bite Registration <input type="checkbox"/> No Issues <input type="checkbox"/> Issues →	<input type="checkbox"/> 4. Bite. <input type="checkbox"/> 11. Retention & Border <div style="background-color: #f0f0f0; padding: 5px; margin-top: 5px;"> <p>*If a) There is an issue with the bite, b) Midlines are misaligned or c) A new wash impression was done, please take a new bite according to the following instructions:</p> </div> <p>> Use bite registration material to take the new bite (do not use wax or alginate) > Ensure mandibular Try-In is stable and on centric during bite registration.</p>	<input type="checkbox"/> Provide New Bite Registration on Try-In
13. Vertical Dimension <input type="checkbox"/> No Issues <input type="checkbox"/> Issues →	<input type="checkbox"/> Excessive. <input type="checkbox"/> Insufficient. <input type="checkbox"/> Reduce VD by _____ mm. <input type="checkbox"/> Increase VD by _____ mm.	<input type="checkbox"/> Provide VD Adjustment Value

14. Other Adjustments _____

Next Steps: Request additional Try-in Process to Final

**Enter adjustment and processing requests online (required) at www.dentca.com.
 Once requests are submitted online, pack the Try-in with reference to the case/order number and ship to Dentca.**

Processing times are 3 business days for Try-ins, 5 business days for Final Restoration (excludes shipping). Shipment service (Ground, 2-Day, Overnight) is based on initial order when the prescription and impression were submitted.