01 CASE, RECORDS & DELIVERY

Initial design to first provisional - before later blueprint refinement.

Case reference / arch / restoration extent
Specify tooth notation, existing dentition/prosthesis and intended FP1 restoration extent.

Treating dentist / practice / email / WhatsApp
Include registration number, practice address and WhatsApp country code. Use these contacts for approvals.

Technician / laboratory / email
Name the designer and fabricating laboratory; include the surgery-day contact if different.

Date completed
Automatically populated in the online form; editable on this PDF.

Delivery date (optional)
Choose the date the laboratory work is required. Record surgery-day timing under workflow/timing.

Patient priorities / clinical brief
Chief concerns, desired changes, aesthetic expectations, anxiety and key functional or speech issues.

Pre-operative IOS / opposing arch / bite: share links
Paste Google Drive, Dropbox, SmileCloud or other links. Confirm lab access. Identify latest scans and the prescribed ICP/CR record.

Photos / videos / face scan / functional records: share links
Include IO/EO, repose, full/dynamic smile and speech; face scan and Modjaw/jaw-motion data if available.

CBCT / SmileCloud design / planning project: share links
Share DICOM and the approved design/project as applicable; include reference versions and access instructions.

02 INITIAL SMILE & FUNCTIONAL DESIGN

Build the proposed tooth arrangement before designing the first provisional.

Design starting point / planned changes
Existing teeth, denture, diagnostic wax-up or SmileCloud design; name the reference and what must change.

Facial references / orientation
Midline, interpupillary reference and facial orientation; identify how the records should be aligned.

Tooth position / form / display
Incisal position, display at rest/smile, smile arc, tooth proportions, buccal corridors and lip support.

Shade / aesthetic character / reference images
Shade system; natural or brighter appearance; translucency/characterisation requested for the provisional.

OVD / jaw relationship / occlusal plane
Preserve existing or specify the intended change and its clinical reference. Do not alter OVD simply to gain material space.

Static contacts / dynamic guidance
Prescribe contacts, canine/group/progressive guidance, protrusive guidance and any exclusions; use patient-specific records where supplied.

Occlusal table / anatomy / functional envelope
Specify posterior width, cusp anatomy, overjet/overbite and guidance contour. Flag conflicts with speech or recorded movement.

Pre-surgical mock-up / try-in and design approval
Required or not; purpose, delivery format and feedback. Record approved design/version before surgical or provisional planning progresses.

03 COMPONENTS & SURGICAL TRANSFER

Separate the planned configuration from the actual post-placement configuration.

Provisional workflow / timing

Pre-fabricated chairside pick-up / post-surgical CAD manufacture / other. Immediate loading planned / delayed / to be confirmed clinically.

Implant and component map

Planned sites/components first. Confirm actual implant and MUA references after surgery before definitive connection design.

Site	Implant: brand / size / platform	MUA: brand / angle / cuff / platform	Ti-base / scan body / library refs

Surgical planning / guide handover

Approved RealGuide, ImplanStation or other project/version; guide support, retained teeth, guide type and seating references if in scope.

Transfer references / fiducials / retained anatomy

Specify the arch tracer/fiducial strategy, pre-extraction scan and references to retain for aligning the approved design after clearance.

Post-placement IOS / soft tissue / scan bodies: share links

Confirm lab access; identify dataset/date, implant- or MUA-level, scan-body reference and CAD library.

Post-placement photogrammetry: share links

Confirm lab access; identify actual MUA/implant map and latest dataset. Technician to send an alignment screen recording by email/WhatsApp.

04 PROVISIONAL DESIGN & TISSUE CONTOURS

Translate the approved arrangement into the first clinical provisional.

Connection / pick-up design / components
Direct to MUA / temporary cylinders / Ti-bases / other. Exact compatible references, library and chairside versus laboratory assembly.

Screw system / driver / access exits
Specify exact screw and interface; channel exits/angulation, driver access and restorative clearance. Do not substitute without approval.

One-piece / segmented / restoration boundaries
Specify teeth restored, segments if applicable, connector positions and any planned removal or addition of units.

Cantilevers / structural constraints
Specify side/site and prescribed extent; associated contact instructions. Lab to flag inadequate thickness or connector dimensions.

Emergence contours by site
Prescribe initial contour/tissue support and any intentional relief; reference planned MUA level and post-surgical tissue anatomy.

Pontic design / socket support / papilla objectives
Specify contour by site and tissue support objectives. Identify preserved roots/socket shields and protected tissue sites from the clinical plan.

Grafts / sutures / areas requiring clearance
Mark site-specific relief and access instructions. Do not add tissue compression or reshape protected areas without clinician approval.

Hygiene / retrievability / polished tissue surfaces
Specify cleaning access and embrasures, proximal contacts where relevant, surface finish and future adjustment/access needs.

05 MATERIAL & MANUFACTURE

Choose the provisional route and provide exact product/process instructions.

Provisional material / brand / product / shade
Milled PMMA / dental 3D-printing resin, including ceramic-filled nano-hybrid where prescribed / chairside acrylic or resin / other.

Fabrication route / reinforcement
Milling / 3D printing / chairside pick-up or conversion / other. Specify metal reinforcement if prescribed and available restorative space.

Chairside pick-up instructions - if selected
Cylinder references, pick-up openings/clearance, indexing and stabilisation aids; clinician to prescribe the compatible pick-up material.

Post-surgical manufacture instructions - if selected
Use confirmed actual component records and approved alignment. Confirm which parts of the pre-approved design remain unchanged.

Manufacturing checks / product instructions
Lab to verify indication, minimum dimensions, supported interfaces and validated manufacture/post-processing for the exact material/system.

Printing / milling / finishing record
Record material identification; validated wash/cure or milling protocol as applicable; finishing/polishing and any bonding details.

Review package before and after manufacture
Send design HTML before manufacture. Email/WhatsApp production photos before and after finishing, and a component/fit view where relevant.

Required outputs / delivery arrangements
Finished provisional / CAD and STL files / manufacturing files / model or jig / components / other. Identify who makes and fits each item.

06 APPROVAL & CLINICAL HANDOVER

Authorise design and manufacture separately from the clinical loading decision.

HTML design approval / version / dentist / date

Send HTML to the treating dentist by email/WhatsApp. Record the approved version and any requested changes before manufacture.

Outstanding information / discrepancies / lab questions

Flag missing records, alignment uncertainty, component changes, inadequate space or departures from the approved design.

Manufacturing authorisation

Design review only / mock-up authorised / first provisional authorised. Name, date and exact design version; no unapproved substitutions.

Clinical loading and fit checkpoint

Treating clinician confirms loading suitability and actual components. Check seating/passivity, tissue interaction and occlusion before clinical acceptance.

Technical delivery record

Material/product/batch, components and screw/driver references, manufacturer-specified torque information, processing/bonding record and final files.

Review objectives / first-provisional feedback

Assess appearance, phonetics, comfort, function, tissue response and hygiene. Record adjustments for later blueprint development.

Clinician confirmation / additional instructions

Name/date; confirm the prescription and communication details. Typed entries are not a digital signature.

PRESERVE THE APPROVED DESIGN. FLAG EVERY PROPOSED DEVIATION.

Do not manufacture or definitively bond until the exact design version has written clinician approval.

Draft adapted from Dr Arman Barfeie, FP1 Course June 2026.key.pdf, pp. 4, 6-10 and 17.
Additional prescription fields organise the handover; clinical parameters remain case-specific.

OCCLUSION & VERTICAL DIMENSION

FP1 PROVISIONAL | Additional design instructions

Complete alongside the existing functional design / occlusion section.

Case reference:

Occlusal vertical dimension (OVD)

- ○ Maintain (0 mm)
- ○ Increase (+ mm)
- ○ Decrease (- mm)

Amount of change (mm)

Enter a positive amount; select the direction above.

Measurement location and starting reference

Identify teeth / landmarks and the existing bite or approved provisional record/version.

Lateral guidance

- ○ Canine guidance
- ○ Group function
- ○ Progressive guidance
- ○ Other

Specify right/left differences, teeth involved, working/non-working contacts and exclusions.

Occlusal scheme

- ○ Mutually protected
- ○ Lingualised
- ○ Other

State case-specific instructions; describe any Other selection.

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BITE RECORDS & JAW MOTION

FP1 PROVISIONAL | Additional design instructions

Complete alongside the existing functional design / occlusion section.

Case reference:

Bite-record method

- ○ Intraoral scan bite
- ○ Physical bite registration
- ○ Jaw-tracking record
- ○ Combined records
- ○ Other

Specify ICP / CR / other, record date, file names and secure share links. Confirm lab access.

Patient-specific jaw tracking

- ○ Not used
- ○ Modjaw
- ○ Zebris
- ○ Other

Export format

- ○ XML
- ○ MOD
- ○ XML and MOD
- ○ Other
- ○ Not applicable

Identify device/software version, recorded movements, reference bite, files and share links.

Jaw-motion simulation

- ○ Not requested
- ○ BiteFinder
- ○ Bmotion
- ○ Other

Specify software/version and instructions; state whether recorded patient motion is also supplied.

OPRA