



True Function Laboratory, Inc.

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ARTICULATION REPORT DATE: / /

Doctor & Patient Info

Dr. Name _____

Patient Name _____

Articulator# _____

Office Info

Original CEJ Distance	_____	mm
Skeletal Frenum Max.	L / R	_____ mm
Skeletal Frenum Mand.	L / R	_____ mm
Dental Midline Max.	L / R	_____ mm
Dental Midline Mand.	L / R	_____ mm

Case Review

DATE _____

MAXILLARY CANT OF OCCLUSAL PLANE

Uphill / Downhill _____ mm
Left / Right _____ mm
Anterior / Posterior _____ mm

DATE _____

CHANGES ON ARTICULATOR

CEJ's set at _____ mm
Vertical changes from "0" + _____ - _____ mm
Mandibular rotation _____ mm L / R
Retrusion / Protusion _____ mm

DATE _____

CHANGES ON ARTICULATOR

CEJ's set at _____ mm
Vertical changes from "0" + _____ - _____ mm
Mandibular rotation _____ mm L / R
Retrusion / Protusion _____ mm

Notes
