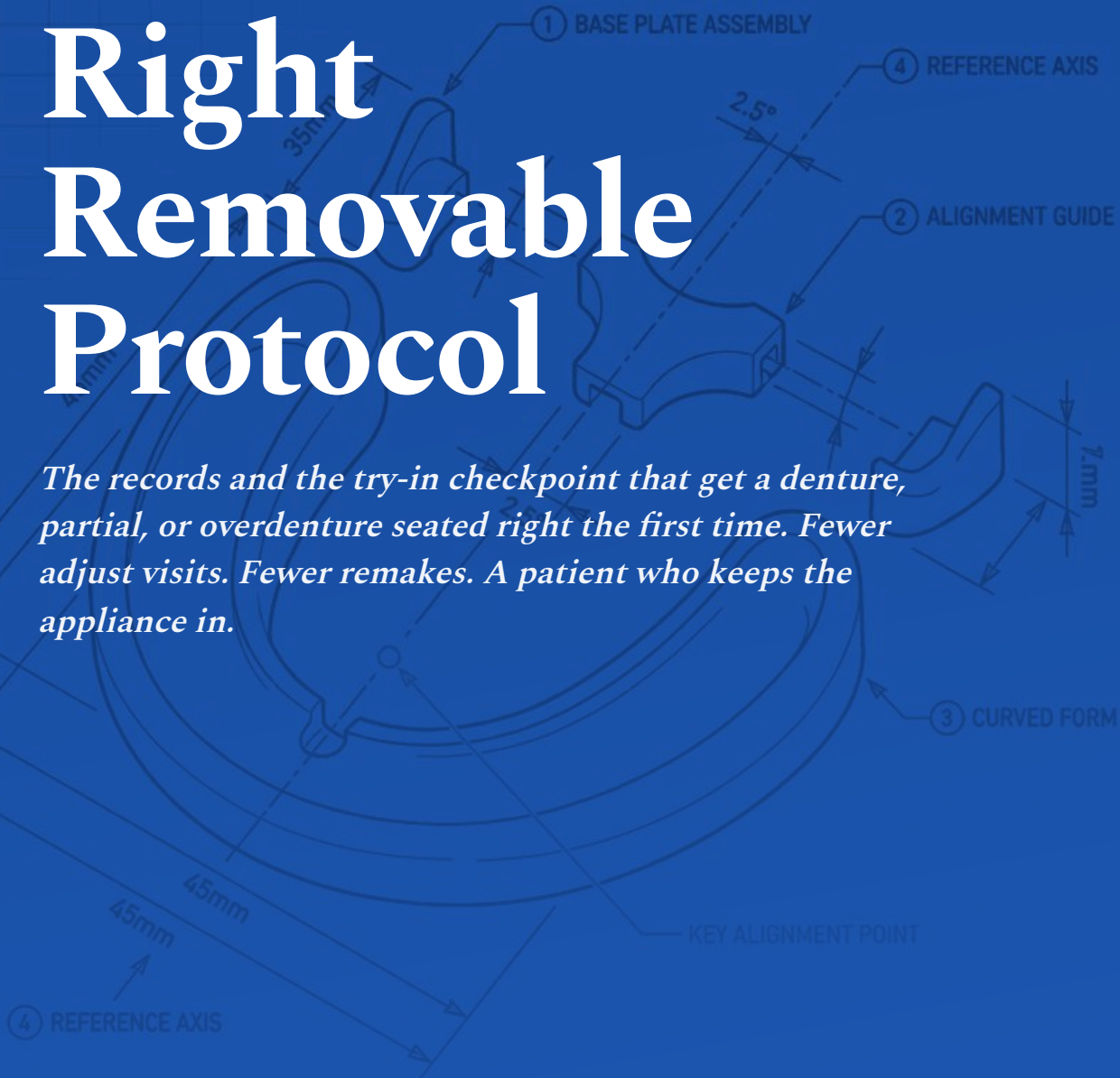


The Seated-Right Removable Protocol

The records and the try-in checkpoint that get a denture, partial, or overdenture seated right the first time. Fewer adjust visits. Fewer remakes. A patient who keeps the appliance in.



What's inside

01 What the remake spiral really costs

Before we fix it, look at what one ill-fitting removable takes from your day, your chair, and your patient.

02 The six records every removable needs

Every removable case that leaves your office should carry these six things. Miss one and you invite an adjust visit, a delay, or a remake.

03 The impression that fits

The single record that decides whether a denture seats. Capture the whole bearing area, not just the ridge.

04 The try-in checkpoint

The one step that catches a wrong tooth position or bite before the appliance is finished. Skip it and you are betting the whole case.

The denture that never quite seats

Here is a month a lot of dentists know too well.

You take the impression and send the case. The denture comes back. You seat it and it rocks. So you adjust. The patient comes back sore, so you adjust again. The bite feels high, so you send it back to the lab. A few weeks later you are on attempt four and the patient still is not happy.

One patient wrote it almost word for word online: "after four or five attempts, I still don't have a satisfactory solution. On the first attempt the teeth weren't positioned correctly. Each subsequent attempt the teeth were fine, but the denture had so little border." [1]

A lab tech said the other side of it. When a clean impression finally lands on the bench: "Man, if every impression I got was half this good I'd have a lot fewer forehead wrinkles." [2]

Most of that back-and-forth starts before the case ever leaves your office. A thin set of records is the number one reason a removable comes back needing chair time. The good news is that the part that fixes it is the part you control.

This guide is the Seated-Right Removable Protocol. It is the set of records, plus one checkpoint, that gets a denture, partial, or overdenture seated right the first time. Fewer adjust visits. Fewer remakes. A patient who keeps the appliance in.

This guide is intended for licensed dental professionals only.

PART 01

01

What the remake spiral really costs

Before we fix it, look at what one ill-fitting removable takes from your day, your chair, and your patient.



What the remake spiral really costs

A denture remake feels like a small thing. It is not. Walk through the real cost of one.

THE PATIENT	Weeks in an appliance that rocks or hurts. Sore spots. Less trust in the result.
YOUR CHAIR	One seat visit, then adjust visit, then adjust visit. Time that produces nothing.
YOUR TEAM	The calls to chase the lab and to reschedule the patient again.
YOUR MONEY	A case you already made, now made twice, plus the chair time to fix it.

None of that shows up on a fee schedule. It hides in your month. One denture wearer described four or five tries and still no fit. ^[1] Each try is a visit you do not get paid for twice.

The fix is not just a faster lab. The fix is a cleaner case. When the records that leave your office show the lab the borders, the bite, and the tooth position, the appliance comes back seating right, and the spiral never starts.

✦ Track your removable adjust visits for one month. Write down the reason for each. Most offices find that three out of four trace back to something in the records, not the lab bench.



KEY TAKEAWAY

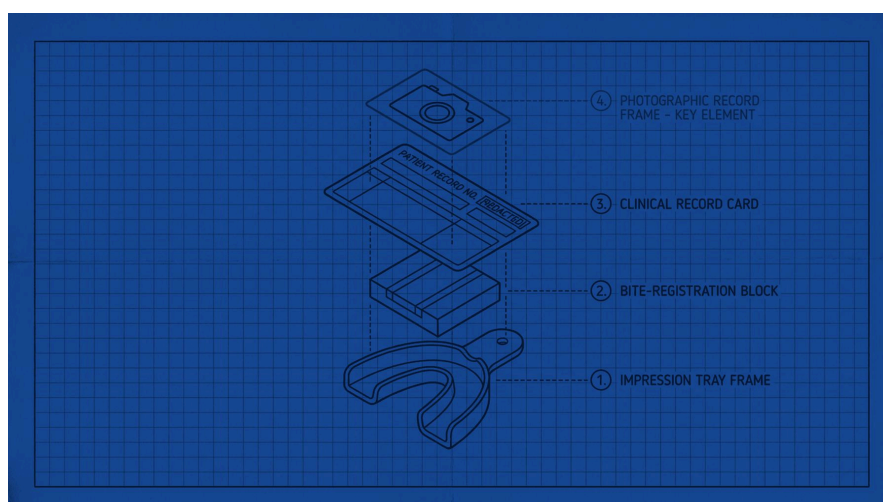
The remake spiral starts at your records, so that is where you stop it.

PART 02

02

The six records every removable needs

Every removable case that leaves your office should carry these six things. Miss one and you invite an adjust visit, a delay, or a remake.



The six records every removable needs

A clean removable case has six records. Send all six, every time, and the lab never has to guess what your patient's mouth looks like.

01 The full impression or scan.

Capture the whole denture-bearing area, not just the ridge. The border and the soft tissue tell the lab where the appliance can rest.

02 The bite registration.

Show the lab how the patient closes. A denture with no bite is a guess, and a guessed bite is the most common remake.

03 The opposing.

Send the opposing arch or appliance. The lab needs both halves to set the teeth where they meet.

04 The shade and mold.

Pick the tooth shade and the tooth size, plus the gum shade for the base. Write it down, do not leave it open.

05 The prescription.

Tooth number or arch, material, the appliance type, and the real date you need it. Filled in fully.

06 The patient notes.

Old appliance likes and dislikes, midline, lip support, anything the patient asked for. One line saves a remake.

That is the whole package. Six records, every removable case.

Build the case tray

The next pages show you exactly how to nail the two parts that cause the most remakes: the impression and the bite. First, make the six-record send automatic.

- ① Build a small removable case tray for your team. A printed prescription, a bite rim, a shade tab, a gum-shade guide, and a card with the six records on it. When the tray is empty, the case is not ready to ship.

**KEY TAKEAWAY**

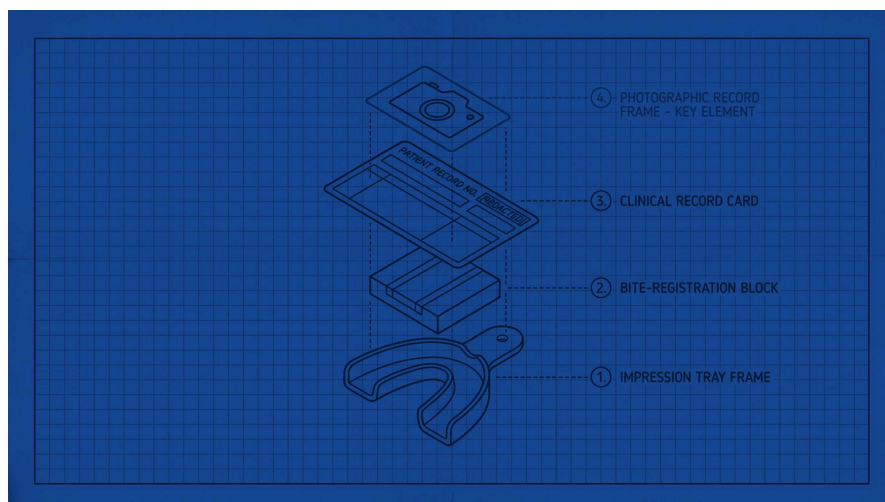
Six records on every removable. Send all six and the lab never has to guess.

PART 03

03

The impression that fits

The single record that decides whether a denture seats. Capture the whole bearing area, not just the ridge.



The impression that fits

The impression is how the lab sees where the appliance can rest. A finished denture is only as good as the impression behind it. Whether you pour stone or scan, get these right every time.

01 Capture the full border.

Get the whole denture-bearing area, all the way to the soft tissue edge. A short border is why a denture has "so little border" and will not hold. ^[1]

02 Seat the tray or scan steady.

Keep it still while the material sets or the scan runs. Movement is the hidden cause of a rocking fit.

03 Check for voids and drags before you send.

A bubble or a drag at the border becomes a sore spot later. If you scan, look at the margin and the border on screen before you send.

04 Watch the edentulous scan.

A scan of a gummy ridge with no landmarks is the hardest case for a lab to read. Labs ask for tips on this all the time. ^[5] Add a few stable reference points or use a tray if the scan looks thin.

A clean impression is the case

A clean impression is the record techs notice first. The good ones get praised on the bench: "Look at those borders! Nicely done!" ^[2] That praise is the lab telling you the case will seat.



One thin impression is not enough for a removable. A short or bubbled border is the leading cause of a denture that rocks or a sore spot the patient feels on day one. Capture the full bearing area or expect a chair-side fix. ^[1]



KEY TAKEAWAY

Capture the full bearing area, check it before you send, and the denture seats the first time.

The bite that lands right

The bite is the remake nobody sees coming. Follow this short routine and you take the guesswork out of how the teeth meet.

STEP 1	Record the bite at the right height. Take your time setting the vertical, because a high bite is the most common denture redo.
STEP 2	Use a stable rim or registration. A soft, moving bite block gives the lab a moving target.
STEP 3	Mark the midline and the smile line. Tell the lab where the center of the face is and how high the teeth should show.
STEP 4	Send the opposing every time. The lab sets the teeth to meet something, so it needs both arches.
STEP 5	Write the bite notes on the prescription and back them up with the records.

When you give the lab a clear bite, the midline, and the opposing, the lab can set the teeth where they belong the first time. That is how you stop the "the bite feels high" visit before it ever happens.



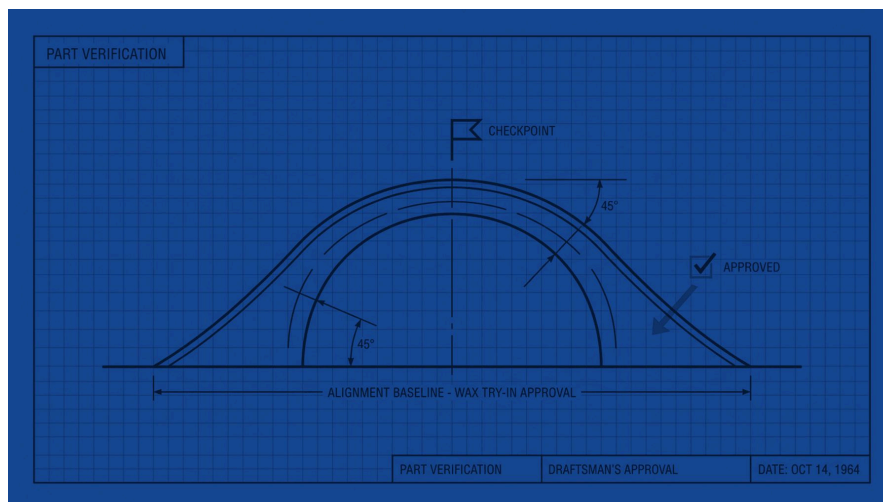
For a tricky case, ask Dickerman Dental Prosthetics about a custom bite rim or a verified jaw relation step. Getting the bite right on paper before the teeth are set is normal on the cases that matter most, and it saves a full remake.

PART 04

04

The try-in checkpoint

The one step that catches a wrong tooth position or bite before the appliance is finished. Skip it and you are betting the whole case.



The try-in checkpoint

Here is the step that saves the most denture cases, and the step that gets skipped the most. The wax try-in.

A try-in is the appliance set in wax, before it is processed, so you and the patient can check it in the mouth. You approve the fit, the bite, the midline, the tooth shade, and the look. Then the lab finishes it. If something is off, you fix it in wax, which is cheap and fast, instead of fixing it in a finished denture, which is a remake.

Skipping the try-in is how patients end up with a surprise. One wrote that the office handed over new dentures with no wax try-in to check them, and they came out wrong. ^[3] A try-in would have caught it.

Five things to check at the try-in

Set the wax appliance in the mouth and run through these five. Fix anything that is off while it is still wax.

01 Check the fit in the mouth.

Does the base sit without rocking? Does the border feel right to the patient?

02 Check the bite.

Do the teeth meet evenly? Is the height comfortable to talk and swallow?

03 Check the midline and smile line.

Does the center line up with the face? Does the right amount of tooth show?

04 Check the look with the patient.

Tooth shade, tooth size, and shape. This is the moment to change it, while it is still wax.

05 Approve it, then send it back to finish.

Once you and the patient both like it, the lab processes the final.

The try-in is not extra work. It is the cheapest insurance you can buy on a removable case. Approve the wax and the final almost always seats.



KEY TAKEAWAY

Approve the try-in in wax. It is far cheaper to change wax than to remake a finished denture.

The 60-second pre-flight, before it ships

Before any removable case leaves the office, run this quick check at the front. It takes about a minute and it catches the misses that cause remakes.

☐ The impression or scan captures the full denture-bearing area, borders included.

☐ No voids, drags, or bubbles at the border.

☐ A bite registration is included, taken at the right height.

☐ The opposing arch or appliance is included.

☐ Tooth shade, tooth mold, and gum shade are written down.

☐ The prescription has the arch, material, appliance type, and due date filled in.

☐ Midline, smile line, and lip support notes are written down.

☐ A try-in is requested for any full denture or big partial.

If every box is checked, the case is ready. If one is blank, fix it now. A minute at the front desk is cheaper than a month of adjust visits.



KEY TAKEAWAY

One minute of checking at the send saves weeks of chair time on the back end.

What a clean removable looks like from the bench

Here is the same case, sent clean, from the lab side.

THE CASE ARRIVES AT THE LAB

- 01 The impression shows the full border, no voids, with clear soft-tissue detail.
- 02 The bite registration is stable and taken at the right height.
- 03 The opposing arch is there, so the teeth have something to meet.
- 04 The prescription has the arch, the material, the shade, the mold, and a real due date.
- 05 The notes name the midline, the smile line, and what the patient wants.
- 06 The lab sets it once, you approve the try-in, and the final seats with almost no chair-side work.
- 07 No rocking. No high bite. No remake.

That is the whole point of the protocol. You are not asking the lab to work harder. You are giving the lab everything it needs on day one so the appliance seats right.

When you send Dickerman Dental Prosthetics a clean removable case, our certified technicians can set it once and finish it right, because nothing is missing and nothing has to wait for a callback. A fit that seats and a fast turnaround both come from the same place: clean records.

Make it a habit in two weeks

You do not change a workflow with a memo. You change it with a short, simple rollout. Run this over two weeks.

DAY	CHANNEL	MESSAGE
Week 1, Day 1	→ team	<i>Print the six-record card and the 60-second pre-flight. Tape both by the case-out station.</i>
Week 1, Day 2	→ team	<i>Set up a records spot. A bite rim kit, a shade tab, a gum-shade guide, and a phone or camera.</i>
Week 1, Day 3	→ team	<i>Pick one prescription owner. Walk through a full removable prescription together.</i>
Week 1, rest of week	→ team	<i>Run the pre-flight on every removable case. Do not ship until every box is checked.</i>
Week 2, all week	→ team	<i>Request a wax try-in on every full denture and big partial. Approve it before the lab finishes.</i>
Week 2, Friday	→ team	<i>Count your adjust visits for the two weeks. Compare to a normal two weeks.</i>

Most offices see the chasing drop in the first week and the remakes drop by the second. The habit is small. The payback is your whole schedule.

✦ Want the printable one-page version of the pre-flight to tape by your case-out station? It pairs with this guide. Ask Dickerman Dental Prosthetics for the Seated-Right Checklist.

The note from your lab

Print this guide. Tape the six-record card and the pre-flight by the spot where your cases ship.

The remake spiral is not really about a slow lab or a bad bench. It is about removable cases that leave the office missing one small thing: a short border, a guessed bite, a skipped try-in. Close those gaps and the whole month gets easier. Your patients spend less time in an appliance that rocks, your chair produces, and your finished cases seat the first time.

Dickerman Dental Prosthetics has spent three generations and sixty years on the bench making removables seat right. When you are ready to send a clean case to a team that has seen every one of these before, send it to Dickerman Dental Prosthetics. Scan the code on the back page to start.

This guide is intended for licensed dental professionals only.

Send your next removable case

START HERE

Scan the code below with your phone camera. It opens dickermantental.com. Send Dickerman Dental Prosthetics your next denture, partial, or overdenture with the full six-record package and a try-in, and watch the adjust visits and the remakes drop.



Point your phone camera at the code. Tap the link that appears. That is the whole start.

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Where these notes come from

Every quote and theme in this guide comes from public dentist and lab discussions. The inline numbers match the list below.

- [1] 1. Denture wearer reporting four or five remakes over months, with tooth position and border problems. Reddit r/askdentists, "Why is it so hard to get a satisfactory denture?" 2025.

https://old.reddit.com/r/askdentists/comments/1onlfae/why_is_it_so_hard_to_get_a_satisfactory_denture/

- [2] 2. Lab technicians reacting to a clean impression on the bench, praising the borders. Reddit r/dentallab, "How's this impression?" 2025.

https://old.reddit.com/r/dentallab/comments/1s63539/how_this_impression/

- [3] 3. Patient given new dentures with no wax try-in, and the result was wrong. Reddit r/askdentists, "About to get fitted for new dentures and need advice" 2024.

https://old.reddit.com/r/askdentists/comments/1bpztap/about_to_get_fitted_for_new_dentures_and_need/

- [4] 4. Dentist field report on labs losing cases, wrong shade, late delivery, and no case status, costing a large account. Reddit r/dentallab, "My father is a dentist. He kept complaining about labs losing his cases." 2025.

https://old.reddit.com/r/dentallab/comments/1pr7k27/my_father_is_a_dentist_he_kept_complaining_about/

- [5] 5. Lab technicians discussing how hard a digital edentulous impression is and asking for pointers. Reddit r/dentallab, "Denture Try-in Success!" 2025.

https://old.reddit.com/r/dentallab/comments/1mebndn/denture_tryin_success/

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Send us your next case

Print this playbook. Tape page one to your operatory wall. Then order from Dickerman Dental Prosthetics so we can fulfill what you just sold.

LAB

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+1 (781) 828-2808

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FOR

general dentists who send removable cases (full dentures, partials, implant overdentures, relines) to an outside lab

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