

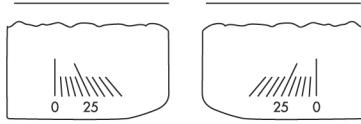


Patient _____

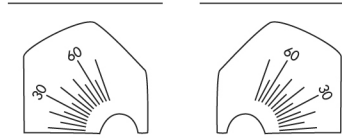
Articulator No. _____ Date _____

Condylar Width — Small, Medium, Large

Progressive
Side Shift
Right Left



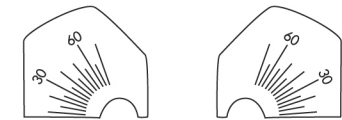
Condylar Inclination
Right Left



Immediate
Side Shift
Right Left

_____ mm _____ mm

Condylar Inclination
Right Left



Patient Record Card For Models 8500, 2340, 3000 and 4000 Series