

SMILE DESIGN/ FULL MOUTH REHABILITATION

Doctor's name: _____ Patient's name: _____

Doctor's phone no. & email address: _____

Doctor's address: _____

Due date: _____ Shipping date: _____

Treatment Goals:

Items Included With the Case:

Impressions/ Models

- Pre-op impressions / models
- Master impressions
- _ Upper (Qty____) _ Lower (Qty____)
- Mockup impression of centrals /anteriors
- Opposing impression/ model
- Temps impression/ model

Photos (See Photos Checklist)

Mounting Records

- Type of articulator (check)
___Stratos___ Panadent___ Kavo___ Denar
Other_____
- Type of facebow: _____
_ Mock-up _ Temps
- Facebow adjusted to esthetic horizontal
- Mounting records (bites) ___CO ___CR

Special mounting instructions

Material and Teeth Involved:

- Pressed ceramics (Teeth #) _____
- Feldspathic (proveneers) (Teeth #) _____
- Zirconia (Teeth #) _____
- Indirect reinforced composite (Teeth #) _____
- Full metal: Precious (Teeth #) _____
- Semi-precious (Teeth #) _____

- Porcelain-fused to-metal

Margins

- Porcelain butt margin 360 (Teeth #) _____
- Porcelain butt margin facial (Teeth #) _____
- Porcelain & metal margin (Teeth #) _____
- Metal collar (Teeth #) _____

Alloy: ___Precious ___Semi-precious ___Non-precious

Length:



- #6 (13) _____
- #7 (12) _____
- #8 (11) _____
- #9 (21) _____
- #10 (22) _____
- #11 (23) _____

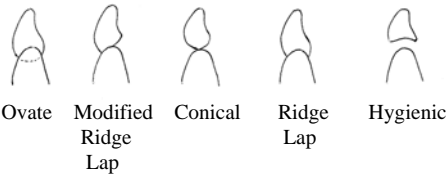
Final CEJ to CEJ Measurement: _____ mm
 As taken from tooth # _____ to tooth # _____
 Overbite: _____ mm Overjet: _____ mm
 Special Length Instructions:

Shape:

- Follow temps
- Follow mock-up

Special Shape Instructions:

Pontics



- Ovate (teeth #): _____
- Modified ridge lap (teeth #): _____
- Conical (teeth #): _____
- Ridge lap (teeth #): _____
- Hygienic (teeth #): _____

Special instructions: _____

Prep (Stump) Shade:

Teeth #: _____ ST: _____
 Teeth #: _____ ST: _____
 Teeth #: _____ ST: _____
 Teeth #: _____ ST: _____

Final Shade:

Gingival Shade: _____
 Body Shade: _____
 Incisal Shade: _____



Incisal Translucency:

- Minimal (0.5 mm)
- Moderate (1.0 mm)
- Maximum (1.5 mm)

Shade of Translucency:

- Clear
- Smoke
- Opal / Blue
- Frosted
- Amber

Occlusal staining:

- None
- Light
- Heavy

Surface Texture:

- High
- Medium
- Light
- Smooth

Surface Finish:

- High Glaze
- Polished Gloss
- Satin Finish
- Low Gloss

Occlusal clearance

- In occlusion
- Foil relief

Implants

- Implants manufacturer _____ Items enclosed _____
 - Crown type: __ Screw __ Cemented __single __splinted
 - Abutment material: __ Casting __ Zirconium __ Titanium
- Special instructions _____

Doctor's name _____

Doctor's license number _____

Photos Checklist

1. Pre-operative Full-face Smile.....



2. Pre-operative Close-up Smile.....



3. Prep Shade.....



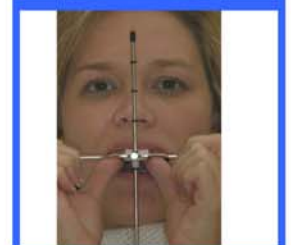
4. Final Shade.....



5. Stick Bite.....



6. Ear-less Face Bow (Horizontal & Vertical).....



7. Close-up Smile with Temps.....



8. Full-face Smile with Temps.....

