

**AESTHETIC SMILE DESIGN
LAB PRESCRIPTION**

Patient Name: _____

Doctor Name: _____

Phone number: (____) ____ - _____

Email: _____

Date due: ___/___/___ Date Shipped: ___/___/___

Type of Case: Diagnostic consultation Diagnostic Wax Up Restorative Case

Items Included with Case:

- Pre-op imp/models
- Impression intraoral mock-up of central/interiors
- Facevow Type:** _____ Preps
- Mounting records (bites)** CO
- Master Impression/Model** Upper
- Opposing impression/Model
- Stick bite with preps
- Impression of provisional
- Diagnostic Wax-up
- Pre-op Slides/Photos including Profile
- Pre-op sticks bite
- Pre-op Mock-up Temps
- CR
- Lower

Photos of: Prep shades Final shades Stick bite Facevow

Teeth involved in Treatment Planned:

- Goal of Final Case:**
- Change Shape
 - Restore Worn Teeth
 - Restore Morphology
 - Replace missing teeth
 - Close Diastemas
 - Change Shade
 - Rejuvenate Smile
 - Straighten Teeth
 - Other: _____
 - Lengthen Teeth
 - Feminize Smile
 - Restore to CR
 - Comfortable Chewing
 - Widen Smiles
 - Move Midline
 - Normal Guidance
 - Level Occlusal Plane

Material Desired: Empress E-max Vita other _____

Teeth #'s: _____

Shade and Color Mapping

Shade of Preparation:

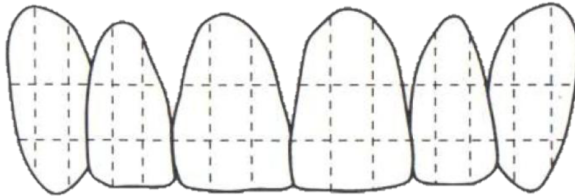
Prep shade of teeth # _____ ST _____

Prep shade of teeth # _____ ST _____

Prep shade of teeth # _____ ST _____

Prep shade of teeth # _____ ST _____

Details: _____



Desired Shade _____ Gingival Shade _____

Incisal Staining: none light heavy

Incisal Translucency:

- Minimal (0.5 mm)
- Moderate (1.0 mm)
- Maximum (1.5 mm) Distinct Natural Subtle

Use patient approved photo of provisional

Shade of Translucency: Clear Smoke Opal/blue Frosted Amber

Surface Texture: High Medium Light Smooth (No surface texture)

Surface Finish: High Glaze Polished Gloss Satin Finish Low

Case mounting Instruction or an Additional Appearance Notes:

DOCTOR'S SIGNATURE