

## SMILE DESIGN COLLABORATOR CHECKLIST for 3DGDS

Items in Yellow are Minimum Records Required

Checklist	A. Pre-Op Records	Patient Name	
<input type="checkbox"/>	1 Informed Consent		
<input type="checkbox"/>	2 Ortho/Esthetic Cons.	Midline, HxW of #8, Cant	
<input type="checkbox"/>	3 Periodontal Charting		
	4 Radiographs		
<input type="checkbox"/>	Panorex		
<input type="checkbox"/>	PeriApicals		
<input type="checkbox"/>	FMX		
	5 Photographs		
	<b>Photo Set 8</b>		
<input type="checkbox"/>	1 Extra Oral	Frontal	Repose
<input type="checkbox"/>	2		Smile
<input type="checkbox"/>	3	Profile	
<input type="checkbox"/>	4 Intra Oral	Occlusal	Maxillary
<input type="checkbox"/>	5		Mandibular
<input type="checkbox"/>	6	Retracted	Anterior
<input type="checkbox"/>	7	Close Up	Buccal Right
<input type="checkbox"/>	8		Buccal Left
	<b>Photo Set 3:1</b>		
<input type="checkbox"/>	1 Extra Oral	Frontal	Retracted
<input type="checkbox"/>	2		Smile
<input type="checkbox"/>	3		Relaxed Incisal Display
<input type="checkbox"/>	4 Intra Oral	Occlusal	Maxillary
<input type="checkbox"/>	5		Mandibular
<input type="checkbox"/>	6	Retracted	Anterior
<input type="checkbox"/>	7	Closeup	Relaxed Incisal Display
<input type="checkbox"/>	8 Extra as needed		
	6 Scans or Impressions		
<input type="checkbox"/>	Maxillary		
<input type="checkbox"/>	Mandibular		
<input type="checkbox"/>	Bite		
<input type="checkbox"/>	Model Axis		

Checklist	B. Prep Day			
<input type="checkbox"/>	1a	Transfer Wax Up		
<input type="checkbox"/>	1b	Adjust Transfer		
<input type="checkbox"/>	1c	Scan Transfer	Biocopy Folder	
<input type="checkbox"/>	3	Prep		
<input type="checkbox"/>	4a	Scan Prep Arch		
<input type="checkbox"/>	4b	Scan Opposing		
<input type="checkbox"/>	4c	Scan Bite		
<input type="checkbox"/>	5a	Model Axis		
<input type="checkbox"/>	5b	Draw Margins		
<input type="checkbox"/>	6a	Temps with Stent		
<input type="checkbox"/>	6b	Scan Temps	Gingival Mask or Xtra	
<input type="checkbox"/>	6c	Photos of Temps	Closeup	
<input type="checkbox"/>			Portrait	
		<b>C. Delivery Day</b>		
		<b>Photo Set 8</b>		
<input type="checkbox"/>	1	Extra Oral	Frontal	Repose
<input type="checkbox"/>	2			Smile
<input type="checkbox"/>	3		Profile	
<input type="checkbox"/>	4	Intra Oral	Occlusal	Maxillary
<input type="checkbox"/>	5			Mandibular
<input type="checkbox"/>	6		Retracted Close Up	Anterior
<input type="checkbox"/>	7			Buccal Right
<input type="checkbox"/>	8			Buccal Left
<input type="checkbox"/>		Scans or Impressions		

**Dr. Barry Goodspeed**  
**3D General Dentistry Services, PC**  
 3DGDServices.com  
[drbarrygoodspeed@protonmail.com](mailto:drbarrygoodspeed@protonmail.com)  
 205-907-1400