



JAVIERVASQUEZ

SMILES DESIGNER

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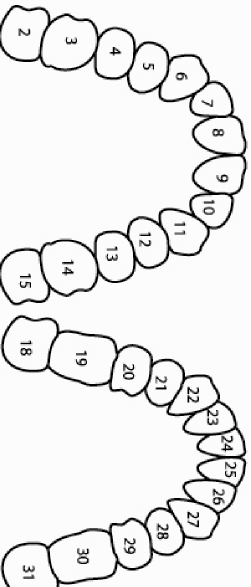
DR/NAME ADDRESS

RX DATE _____ DUE DATE _____

SEX: _____ AGE: _____
M / F

PATIENT NAME

TEETH TO BE RESTORED



TYPE OF RESTORATION DESIRED

- Empress Esthetic
- E-Max Press
- E-Max ZirPress
- E-Max Cad
- Composite Restoration
- Diagnostic Wax-Ups
- Orthotic Appliance

LENGTH OF CENTRALS SHIMBUSHI IN CO SHIMBUSHI IN VOIBITE

ACTUAL _____ DESIRED _____

Right Center Left Right Center Left

ITEMS INCLUDED WITH CASE

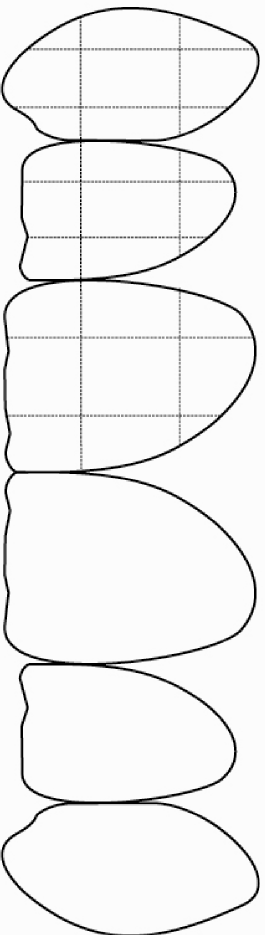
- Impression
- Bite
- Stick Bite
- Opposing
- Working Model
- Pre-Op Model
- Impression of Temp

PHOTOS INCLUDED

- Pre-Op Photo
- Smile line
- Occlusal Plane (Retractors and Full Face)
- Preps with Stump Shade
- Temps (Retractors and Full Face)
- Temps (Nose to Chin) lips relaxed
- Stick Bite (Full Face, Ideal Patient Posture)
- Profile

- Shape match photographs included
- Smile catalogue inside
- Match contralateral
- Match provisional with your added artistry
- Match provisional exactly
- Provide reduction copings if it is necessary to improve aesthetic or funtion
- Reduce opposing if necessary to improve aesthetic
- If not enough room, call me

- Body Shade _____
- Stump Shade _____
- Incisal Translucency Minimal (0.5 mm) Moderate (1.0 mm) Maximum (1.5 mm)
- Incisal Edge Flat Characteristics Mammation Developments
- Surface Texture High Medium Light Smooth
- Surface Finish High Glaze Polished Gloss Satin Finis Low Gloss
- Occlusal Staining No Stain Pit Stain Pit & Fissure Pit, Fissure & Groove



Call me before proceeding with this case
Please evaluate my preps and impressions

Additional instructions

Signature of Dentist

Dentist License #

Person signing this authorization accepts sole responsibility for payments and agrees to pay illegal and collection costs in the event of suit, including reasonable fees.

THE KNOWLEDGE OF A DENTIST,
APPLIED TO A DENTAL LABORATORY.



DORAL DENTAL LAB
AESTHETIC SMILES LABORATORY