



# Smile Design Aesthetic Prescription

Date:

Due Date:

Doctor's Name:

Phone Number:

Fax Number:

Email Address:

Street Address:

City:

State:

Zip:

Patient's Name:

Gender  M  F Age:

### Items Included with Case

- Master Impression qty.       Opposing Impression or Model       Pre-operative Models
- Diagnostic Wax-up       Bite Registration w/ Stick       Bite Registration w/o Stick
- Facebow Transfer Jig (Manuf.      )       Model or impression of Provisionals
- Matrix for determining buccal-lingual position of centrals       Photos qty.       Slides qty.
- Other:

### Type of Restoration Desired

- Empress®, teeth numbers:
- Eris®, teeth numbers:
- Other Ceramic, teeth numbers:      Type:
- Lab Processed Resin, teeth numbers:
- Porcelain Fused to Metal, type of metal:

Details:

### Goal of Final Case

- Close Diastema       Lengthen Teeth       Change Shape       Change Shade
- Widen Buccal Corridor       Feminize Smile       "Youthenize" Smile       Move Midline
- Other:

### Shade of Preparation

Stump shade, teeth numbers:

ST

Details:

**Shade (see below)**

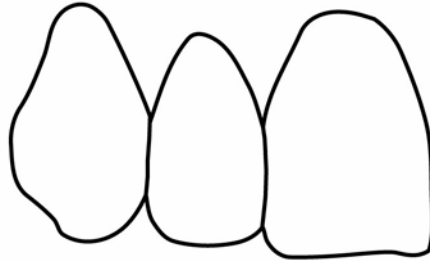
Body Shade:

Gingival Shade:

Incisal Shade:

Occlusal Shade:

Temporary Shade:



**Light source used to take shade**

- Operatory Fluorescent    Shade Wand    Natural Sunlight    OTT Light    Other:

**Shape**

- Match Smile Design copy enclosed    Match photographs included

**Length**

Centrals      mm      Laterals      mm      Canines      mm

Special length instructions:

**Incisal Translucency**

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

**Shade of Translucency**

- Clear       Smoke       Frosted       Amber

**Surface Texture**

- High       Medium       Light       Smooth (no surface texture)

**Surface Finish**

- High Glaze       Polished Gloss       Satin Finish       Low Gloss

**Ingot Choice (optional)**

- O1       TC1       T1       Other:

Miscellaneous Information:

Doctor's Signature \_\_\_\_\_ License #