EXQUISITE SMILE DESIGNS
(254) 252-2522
exquisitesdtx@gmail.com
235 N Hewitt Dr. Suite 1, Hewitt, TX 76643

For Lab Use Only:
[] Imp [] Bite [] Jaw Rec
[] Opposing [] Facebow

Doctor _____ **Patient Last Name:**_____

Doctor Phone: _____ **Patient First Name:**_____

Prep Date: ___/___/___ Tentative Due Date: ___/___/___ DOB ___/___/_____ M or F

Appointment Date: ___/___/___

All-Ceramic Restorations

Please put product number on tooth chart below.

1. Esthetic Zirconia (layered porcelain facial)
2. Lithium Disilicate (E.max® or LiSi®)
3. Celtra Duo (Zirconia-reinforced Lithium Silicate (ZLS))
4. Monolithic Zirconia (multi stains, no layered porcelain)
5. Lava™ (Zirconia coping, layered porcelain)
6. Full Gold Crown or PFM (circle one)

Implants

Brand Name of Implant: _____

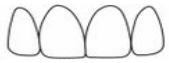
Diameter of Implant: _____ mm

Shades and Characterization

Stump Shade: _____ Final Shade: _____

Occlusal stain: [] None [] Light

Incisal Trans: [] Slight [] Medium [] Heavy



Diagnostic/PMMA

Diag Wax Up: [] Prep Guide [] Yes [] No

PMMA: [] Monolithic [] Layered

ND guide: ____ KOIS Deprogrammer: _____

Customer Abutments

[] Retrievable [] Cement Retained

[] Titanium [] Hybrid (crown with tibase)

[] Gold hue [] Nobel FCZ crown

[] Zirconia (w/ti base) [] Agulated screw channel abutment

Enclosed PA of impression post correctly seated?

[] Yes [] No

For BEST results, please enclose the following! Thanks!

[] Bite [] Opposing [] Shade

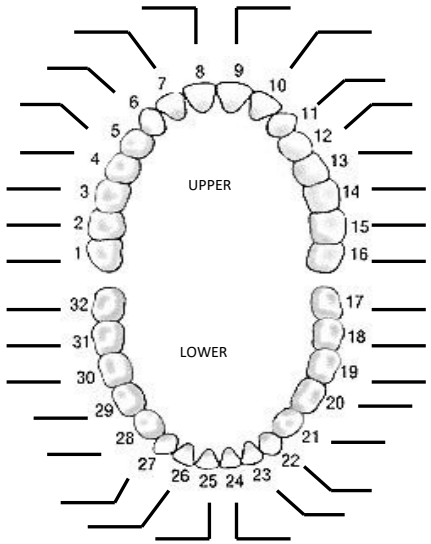
[] Pre-op Model [] Photos [] Analog(s) [] Model of Temps

Dr. Signature: _____

Assistant: _____

License No. _____ **Date:** _____

Please bracket { } bridges and splints on chart



Additional Instructions:

Terms: Net 30 w/service charge 1.5% over 30 days. Client is responsible for allfees, costs, charges, and expenses expended in any suit or action to collect.

Revised 01.2022