

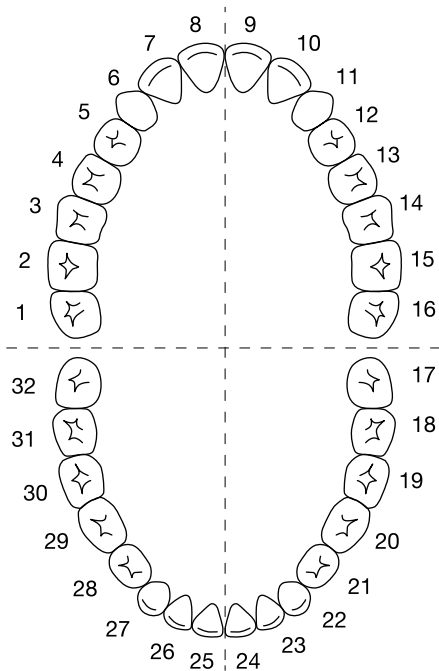


Dr. Name _____ Phone _____

Patient Name _____ License Number _____

DOB _____ Prep date _____

Male Female Other _____ Due date _____



GLO-IN SMILE™ RX

Product:

- Crown Bridge Veneers
- Inlay/Onlay All-on-X

Material:

- E.max layered E.max monolithic Zirconia layered

Type of layering:

- Full Incisal edge only Micro-layering

Staining:

- None Medium Full characterization
- Light

Implant abutments:

- Titanium Glass fiber Gold hue
- TiZir hybrid Zirconia Gold
- Screw-retained Cement-retained Temporary
- Custom Multi-unit Angled
- Healing

Implants:

Type: _____
Diameter: _____

Anatomical surface texture:

- None Light Medium

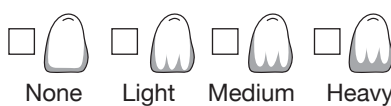
Pontic design:



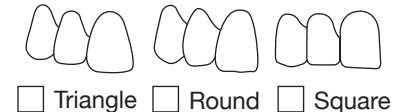
Incisal translucency:



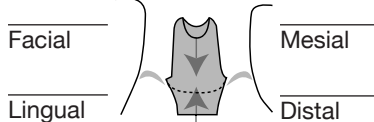
Incisal lobe design:



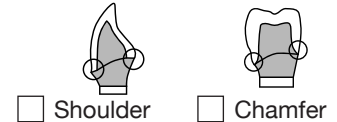
Anterior design style:



Abutment margin depth:



Abutment margin design:



Abutment emergence profile:

- Full anatomical Tissue displacement No tissue displacement

If no occlusal clearance:

- Call Doctor Reduction coping Spot opposing

We recommend to send photos for all anterior cases

Final ceramic shade:



Present tooth or stump shade:



Staining:

- None Light Medium

Proximal contacts:

- Light Medium Heavy

Models sent:

- Digital scans Impressions

Signature _____

If any selections are left unmarked, the technician will make a decision based on their professional judgment.

Please put your notes on the other side of sheet.